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COVER LETTER

	gistration Se ision of Cor				
SUBTRAT:	WAVE TITLE, LLC				
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	ı all correspo	ndence concerning this matter	to the following:		
		William Bustamante, Esqu	ire		
			Name of Person		
		Bustamante Law Group, P	.L.L.C		
			Firm/Company		
		2655 S. Lejeune Rd., 5th F	Hoor		
			Address		
		Coral Gables, FL, 33134			
			City/State and Zip Code		
		william@bustamantelawgro	-		
		E-mail address: (to be used for future annual report no	tification)	
For further is	nformation c	oncerning this matter, please c	afi:		
Shannon Bu	stamante		786 266-6527		
	Name o	f Person	at () Area Code Daytii	nc Telephone Number	
Enclosed is	a check for th	ne following amount:			
☐ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Address: Registration Se	ection	
Registration Section Division of Corporations			Division of Co		
	D. Box 632		The Centre of		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION
OF
2024 APR 16 PM 5: 48

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ARTICLES OF ORGANIZATION

WAVE TITLE, LLC

		10111112		
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{03/1}{2}$	8/2024 and assigned		
Florida document number L24000131299				
This amendment is submitted to amend the fol	iowing:			
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :		
Nu Wave Title & Escrow, LLC				
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREA	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
-				
-		-		
B. If amending the registered agent and/or	registered office address on our rec	cords, <u>enter the name of the new registe</u>		
agent and/or the new registered office addre	ess here:			
	William Bustamante			
Name of New Registered Agent:	- Main Dunamane			
New Registered Office Address:	2655 S. Lejeune Rd., 5th Floor			
		la street address		
	Coral Gables	, Florida ³³¹³⁴ Zip Code		
		Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of n istered agent as provided for in Cl registered office address, I hereby	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is		
	If Changing Registered Ager	nt, Signature of New Registered Agent		

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			☐Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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			□Remove
			□Change
			□Add
			□Remove

fective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ofte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a focument's effective date on the Department of State's records. The effective date on the date on the date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed.				·		
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Filing Fee: \$25.00