



Office Use Only



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COVER LETTER

SUD IE	1787						
SUBJEC	. I :	Name of Li	Name of Limited Liability Company				
The encl	osed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please re	turn all corre	spondence concerning this matte	r to the following:				
		GRETCHEN ORTIZ. ES	Q.				
			Name of Person				
		LAW OFFICES OF GRE	TCHEN ORTIZ	Code onn nnual report notification) 627-1797 Daytime Telephone Number Fee & S60.00 Filing Fee. Oy Certificate of Status & Certified Copy (additional copy is enclosed) ret Address: gistration Section rision of Corporations c Centre of Tallahassee			
			s) are submitted for filing. dis matter to the following: TIZ. ESQ. Name of Person OF GRETCHEN ORTIZ Firm/Company AW TRAIL 263 Address 32825 City/State and Zip Code a/ gortiz@gretchenortizlaw.com address: (to be used for future annual report notification) please call: 407 Area Code Daytime Telephone Number ce & S55.00 Filing Fee & S60.00 Filing Fee. Status Certificat Copy (additional copy is enclosed) Certified Copy Certified Copy				
	closed Articles of Amendment and fec(s) are submitted for filling. return all correspondence concerning this matter to the following: GRETCHEN ORTIZ. ESQ. Name of Person LAW OFFICES OF GRETCHEN ORTIZ. Firm/Company 509 S CHICKASAW TRAIL 263 Address ORLANDO. FL 32825 City/State and Zip Code info@cwavefl.com/ gortic@gretchenortizlaw.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: CHEN ORTIZ Name of Person Area Code Certificate of Status Street Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee						
		•	Address				
	ORLANDO, FL 32825						
		-	=				
		E-mail address:	(to be used for future annual report noti	fication)			
For furth	er informatio	n concerning this matter, please	call:				
GRETCI	HEN ORTIZ						
	Nam	e of Person	Area Code Daytim	e Telephone Number			
Enclosed	is a check fo	r the following amount:					
■ \$2 5.6	00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy			
	Registratio	n Section	Registration Se				
				•			

Tallahassee, FL 32303

6/5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C WAVE FLORIDA PO		
(Name of the Limited Liability C	ompany as it now appears on our records mited I tability Company)	4)
The Articles of Organization for this Limited Liability Com	pany were filed on 04/03/2024	and assigned
Florida document number 1.24000159789		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
cWave Florida Pool Services LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		202
Enter new mailing address, if applicable:		25 2 -
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	\$ 5
andress Providence of the Society		Hand Reserved
		22 S O
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Personts) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
			, ()Add
			l Bemose
			ClChange
			CIAdd
			□Remove
			[]Add
			Remove
			(]Change
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			TRemove
			☐ Change
			DAdd
			□Remove

_____ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary)
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lf an e Note	tive date, if other than the date of filing:
reco. Listi	rd specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the led.
ted_	03/29 2024
	Signature of a member or authorized representative of a member
	John David Casted Sapera Typed or printed name of signee

Filing Fee: \$25.00