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COVER LETTER

TO: Registration Section **Division of Corporations** Dark Wave LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jon M Barker Name of Person Dark Wave LLC Firm/Company 4440 Merrimac Ave. Address Jacksonville, FL 32210 City/State and Zip Code imbarker2470@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 318-1734 Jon M Barker Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, S30,00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: In meaning mane must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered of the new registered agent and/or registered of the address on our records, enter the name of the new registered of the new r	Dark Wave LLC		
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Enter Florida street address	Name of New Registered Agent:	<u>-</u>	
	New Registered Office Address:	Enter Florida street address	
			

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or reinoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Suanne R. Barker	4440 Merrimac Ave, Jacksonville, FL 32210	
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			□ Change
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Signature of a member or authorized representative of a member	Dated	
<i>,</i> -		Signature of a member or authorized representative of a member
Jon M Barker		
		Typed or printed name of signee