

07/19/2024 1:27PM

N: 1764 P: 1-5

L24000245464334

Florida Department of State
Division of Corporations
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((H24000245464 3))



H240002454643ABC

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PAGIO'S & ASSOCIATES, LLC
Account Number : I20100000043
Phone : (305)397-8553
Fax Number : (305)397-8521

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2024 JUL 19 AM 9:53
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: galshlayder@gmail.com

RECEIVED
2024 JUL 19 PM 1:51
DIVISION OF CORPORATIONS
STATE OF FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REWAVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Jul 19, 2024 1:23 PM

No. 1764 P. 375

H24000245464 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

REWAVE LLC

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

FILED
2024 JUL 19 AM 3:50
FILED IN THE OFFICE OF THE CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/02/2024 and assigned
Florida document number L24000298334.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Changing Registered Agent, Signature of New Registered Agent

JUL 19 2024 11:28 AM

H2400027546-3

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SHLAYDER, GALIT	1701 NE 191ST STREET	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHLAYDER, GALIT	1701 NE 191ST STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHLAYDER, AMIT	1701 NE 191ST STREET	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JUL 19 11:31 AM

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