

L24000466363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

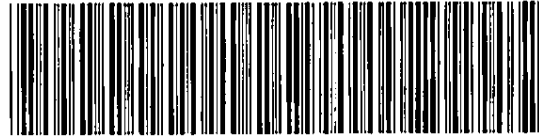
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

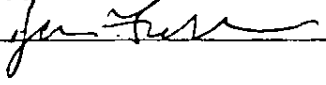
2025 JAN 15 AM 9:24

FILED

2025 JAN 15 AM 9:24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$60.00

Authorization Signature 

New Wave AI Solutions LLC L24000466363
Business #Document

Walk in _____ Will wait _____

☒ Certified Copies of the articles
☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ LLC
☐ Domestication
☐ INC
☐ CORP
☐ OTHER

AMENDMENTS

☐ Amendment
☐ Resignation of R.A.
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Conversion
☐ Statement of Authority
☐ Merger
☐ Amended and Restated Articles

OTHER FILINGS

☐ TRANSMITTAL LETTER
☐ Fictitious Name
☐ Statement of Authority
☐ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ Statement of CORRECTION
☐ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2025

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: NEW WAVE AI SOLUTIONS LLC
Ref. Number: L24000466363

We have received your document for NEW WAVE AI SOLUTIONS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The top of the form is missing the words Articles of Amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 725A00001022

RECEIVED

2025 JAN 15 PM 3:19

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW WAVE AI SOLUTIONS LLC

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:

CRAIG TOBIN

Name of Person

NEXT WAVE AI SOLUTIONS LLC

Firm/Company

4991 BONITA BAY BLVD. #2102

Address

BONITA SPRINGS

City/State and Zip Code

FLORIDA 34134

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEETI DEWAN, CFO

404

444-5169

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

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**

FILED

NEW WAVE AI SOLUTIONS LLC

2025 JAN 15 AM 9: 24

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on November 3, 2024 and assigned
Florida document number L24000466363.

This amendment is submitted to amend the following:

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

NEXT WAVE AI SOLUTIONS 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 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

MGR = Manager

AMBR = Authorized Member

[illegible]

