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From:

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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.

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COVER LETTER

TO: Registration Section
Division of Corporations

MIAMI SUNWAVE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fcc(s) are submitted for filing. Please return all correspondence concerning this matter to the following: YENI MARTINEZ Name of Person Pirm/Compuny 12700 SW 20th ST Address MIAMI, FL 33175 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YENI MARTINEZ 7996678 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fcc & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H250000 354183

MIAMI SUNWAVE LLC		Sign To	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recability Company)	cords.)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L24000480623</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
YENI MARTINEZ LLC	<u> </u>		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
Tow Togistere Office Flores	Enter Florida street address		
		, Florida	
	Clty	Zip Cixle	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties rovided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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or remove	d from our records:	n 05/1182	
MGR = :	Manager Authorized Member		H25000354183
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Dated JANUARY 29	20)25		•	
: Yen	/M	· ·			
	gnature of a memi	per or authorized represe	ntative of a member		
YENI MARTINEZ					

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