P12000100252

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08/21/23--01015--013 **25.00

>uc 15/04/25--01855--001 **18.00

2023 SEP 28 - 641 9: 30

Articles of Amendment to Articles of Incorporation of

POLYWAVE, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P120	00100252
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	<u>:</u> The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	""company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	N 7
	0 1
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	700 0
	<u></u>
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
Name of New Registered Tigoth	
(Florid	la street address)
	. Florida
New Registered Office Address:	(City) (Zip Code)
	,
New Registered Agent's Signature, if changing Registered Ag	vent:
I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
Signature of Ne	w Registered Agent, if changing
Chack if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION:	POLYWAVE	, INC.		
P12000100252					
DOCUMENT NUMBER			_		
The enclosed Articles of	Amendment and fee are sul	omitted for filing	Ī		
Please return all correspo	ndence concerning this mat	ter to the followi	ng:		
		JAIME PA	ARLADE		_
		Name of Cont	act Person		
	PARLADE S	SCHAEFER SCF	IORTZ CF	PA / ADVISORS	
_	Firm/ Company				
	55	975 SUNSET DR	IVE , SUIT	TE 802	
Address					
SOUTH MIAMI, FL. 33143					
City/ State and Zip Code					
	Ä	ACCOUNTING@	DPSSCPA:	S.COM	Min.
_	E-mail address: (to be us	ed for future ann	ual report	notification)	— 为数
	concerning this matter, pleas	se call:			,
	IME PARLADE	at (305)670-0400	
Name of	Contact Person		Area Coo	de & Daytime Telephone	Number
Enclosed is a check for t	he following amount made	payable to the Flo	orida Depa	artment of State:	
	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional c enclosed)	рУ	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ameno Divisio P.O. B	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite assee, FL 32303	810

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	re Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	D	MARINO MARSI	5975 Sunset Drive Suite 802 Miami, FL 33143
Add X Remove			28
2) Change	<u> </u>	ANDREA MARSI	5975 Sunset Drive Suite 802 Miami, FL 33143
X Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary). (Be specific)			
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	SECI TA	2023	
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an amendment provides for an exchange, reclassification, or cancellation of issued shares rovisions for implementing the amendment if not contained in the amendment itself:	· · · · ·	SEP	i g
(if not applicable, indicate N/A)	= 1:	\sim	_ U t- . 192+
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The date of each amendment(s) adoption: 4/20/23	, if other than the
Effective date if applicable: (no more than 90 days after amendment file a	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer locument's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amend	owing statement lment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	
app <u>roval by 2 (voting group)</u> "	
Signature (By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee	ave not been, or other court
appointed fiduciary by that fiduciary) ANDREA MARSI	
(Typed or printed name of person signing)	
DRECTOR	
(Title of person signing)	PECRETURY ESTATE