## 1918 000031992

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: NEW WOVE Property Investments, INC
DOCUMENT NUMBER: <u>P18000031992</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Schenaider Presume  Name of Contact Person  Newwave Property Investments, Inc  Firm Company  122 ne 204th St Apt 18  Address  MIAMI, FL 33179  City/ State and Zip Code  Newwave 9596@ amail_com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Schenarcler Presume at 305 409  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status □ Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

	•	of	$\sim \sim \sim \sim \sim$
NewNave Pr	operty Investment	S, INC	PH IZ
.0.	(Name of Corporation as currer	ntly filed with the Florida Dept. of State)	On 1: 05
P18000319	92		<b>ラ</b> の
	(Document Number	of Corporation (if known)	
ursuant to the provisions of Articles of Incorporation		is Florida Profit Corporation adopts the follo	owing amendment(s)
. If amending name, ent	er the new name of the corporation:		
Jewunne Co	instruct, IMC.		The new
Inc.," or Co.," or the de		"company," or "incorporated" or the abbre A professional corporation name must co ."	viation "Corp.,"
	fice address, if applicable: IUST BE A STREET ADDRESS )		
Enter new mailing add (Mailing address MAY	dress, if applicable: BE A POST OFFICE BOX)		
	ered agent and/or registered office ac nd/or the new registered office addre	ddress in Florida, enter the name of the	
	stered Agent		
Name of New Regi			
<u>Name of New Regi</u>		street address)	. <u> </u>
<u>Name of New Regi</u> New Registered Of	(Florida	street address) , Florida	

Signature of New Registered Agent, if changing

Check if applicable

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

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. President, Treasurer. President.

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_ N/A	
Add			
Remove			
2) Change		_ N/A	
Add			
Remove 3 ) Change		N/A	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)				
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<u>provisions for in</u>	provides for an exc plementing the am	hange, reclassific	ation, or cancella intained in the an	tion of issued sha rendment itself:	res,	
(if not application	able, indicate N/A)	, ()				
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The date of each amendment(s) a date this document was signed.	doption: 1119122	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(c) was/were an	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	MILL AND
must be separately provided for "The number of votes cast		PIL 22 MLL ATKSÉ
must be separately provided for	r each voting group entitled to vote separately on the amendment(s):	PH 20 PH 12: ALL ATKSSEE FLOT
must be separately provided for "The number of votes cast by	t for the amendment(s) was/were sufficient for approval  (voting group)	
must be separately provided for  "The number of votes cast  by	t for the amendment(s) was/were sufficient for approval  (voting group)  (voting group)  Tirector, president or other officer – if directors or officers have not been	PH 20 002 JUL 22 PH 12: 05 ALL ATASSEE FLORIDA
must be separately provided for  "The number of votes cast by	t for the amendment(s) was/were sufficient for approval  (voting group)  (voting group)	PH 50 MILLANZSEE FLORIDA