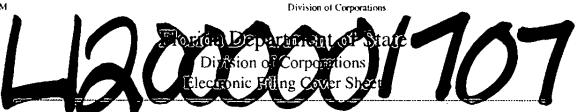
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AR LAW GROUP PLLC

Account Number : I20230000079 Phone : (305)433-7701 Fax Number : (305)433-7709

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: adrian@arlawgroupfl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M.N.V. HOLDINGS, A FLORIDA LIMITED LIABILITY COMPANY

Certificate of Status Certified Copy 0 05 Page Count \$25.00 Estimated Charge

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COVER LETTER

TO: Registration Division of C				
M.N.V. H	<mark>g</mark> ldings, a florida limit	ED LIABILITY COMPANY		
SUBJECT:	<u></u>		···	Th.
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Adrian Lores de la Pena			
		Name of Person	····	
	AR LAW GROUP PLLC			
		Firm/Company		
	8785 SW 165TH AVE., ST	E 103		
	 	Address		
	Miami, FL 33193			
	adrian@arlawgroupfl.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	ali:		
Adrian Lores de la Pen	_	786 636-1001		
		at ()		
Name	e of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

M.N.V. HOLDINGS, A FLORIDA	LIMITED LIABILIT	Y COMPANY		
(Name of the Lim	ited Liability Company (A Florida Limited Lia	y as it now appears or ability Company)	our records.)	 _
The Articles of Organization for this Limited in Incided document number	Liability Company w	vere filed on	2012	and assigned
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liabili	ity company here:		
LN.V. HOLDINGS, LLC				
ne new name must be distinguishable and contain the	words "Limited Liability	y Company," the desig	nation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if appli	icahle:			
Principal office address MUST BE A STRE				
TINCIPAL VIJEE AUGRESS MYST DE ASTRE	EI ADDRESS)			:021
				三;
na				
nter new mailing address, if applicable:	r nav			
<u>Mailing address MAY BE A POST OFFICE</u>	<u>; BUA)</u>			
				— '?
. If amending the registered agent and/or gent and/or the new registered office addr	ess here:		rds, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	AR LAW GROU			
New Registered Office Address:	8785 SW 165th A		street address	
	Miami	Enter Florida	1310	3
		City	, Florida <u></u>	Zip Code
		City.		ESP COME

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, Stringture of New Registered Agent

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> MGR	Name Vivian C. Castillo	Address 16286 SW 78 TERRACE	Type of Action
		MIAMI, FL 33193	□Add
			\ _Remove
			■Change
AMBR	Vivian M. Ruiz	16286 SW 78 TERRACE MIAMI, FL 33193	□Add
			Remove
			Change
			□Add
			Remove
			□Change
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		11 NAROLETTE

Filing Fee: \$25.00