

4/10/24, 4:37 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L200001707

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000131861 3)))



H240001318613ABC-

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	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

2024 APR 10 PM 4:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 APR 10 AM 9:43

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
Help
APR 11 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

M.N.V. HOLDINGS, A FLORIDA LIMITED LIABILITY COMPANY

SUBJECT: _____
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:

Adrian Lores de la Pena

Name of Person

AR LAW GROUP PLLC

Firm/Company

8785 SW 165TH AVE., STE 103

Address

Miami, FL 33193

City/State and Zip Code

adrian@arlawgroupfl.com

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

For further information concerning this matter, please call:

Adrian Lores de la Pena

786

636-1001

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

M.N.V. HOLDINGS, A FLORIDA LIMITED LIABILITY COMPANY

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

The Articles of Organization for this Limited Liability Company were filed on 01/04/2012 and assigned
Florida document number 1.1 2000001707.

This amendment is submitted to amend the following:

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

M.N.V. HOLDINGS, 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: AR LAW GROUP PLLC

New Registered Office Address: 8785 SW 165th Ave Ste 103

Enter Florida street address

Miami, Florida 33193
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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vivian C. Castillo	16286 SW 78 TERRACE MIAMI, FL 33193	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Vivian M. Ruiz	16286 SW 78 TERRACE MIAMI, FL 33193	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]