

L13000113749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

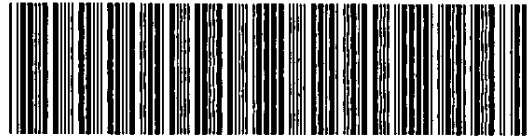
(Document Number)

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Amend

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FLORIDA

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FILED

J. SAULSBERRY
EXAMINER

AUG 20 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mavic Investments, LLC
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:

Sergio E. Porras
Name of Person

Porras and Company, P.A.
Firm/Company

169 East Flagler Street. Ste 800
Address

Miami, FL 33131
City/State and Zip Code

porrasco@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sergio E. Porras at (305) 577 8589
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 DEPT OF STATE
 MAIL ROOM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mavic Investments, LLC

(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 08/12/2013 and assigned Florida document number L13000113749.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

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STATE OF FLORIDA
SECRETARY OF STATE

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Martha A. Moncayo	1745 E. Hallandale BLVD # 702 W	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Alberto Moncayo	1745 E. Hallandale BLVD # 702 W	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MAMG Limited	1745 E. Hallandale BLVD # 702 W	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Martha A. Moncayo	1745 E. Hallandale BLVD # 702 W	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 08/14/2013

Martha Moncayo

Signature of a member or authorized representative of a member

Martha A. Moncayo

Typed or printed name of signee

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Filing Fee: \$25.00

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