

L14000002189

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000228140 3)))



H210002281403ABCU

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 : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 JUN 14 AM 8:31

FILED

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

Email Address: _____

RECEIVED
2021 JUN 14 PM 1:57

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAVEN WIZ LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu Help

JUN 15 2021
S. PRATHER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
MAVEN WIZ LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 01/06/2014 and assigned Florida document number: L14000002189

Article I

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

The new name must be distinguishable and contain the words "Limited Liability Company," designation "LLC" or the abbreviation "L.L.C."

Article II

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)

Article IV

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:

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

FILED
2021 JUN 14 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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


Title	Name	Address	Type of Action
AMBR	CAOBIANCO, VALDIR JOSE	13037 SAWGRASS PINE CIR	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32824	ADD <input checked="" type="checkbox"/>

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

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

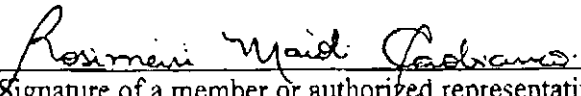
DATED: JUN 09TH, 2021



Signature of a member or authorized representative of a member

Michelle Maioli Caobianco / AMBR

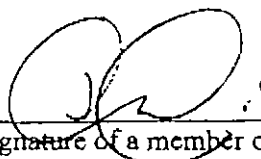
Typed or printed name of signee



Signature of a member or authorized representative of a member

Rosimeiri Maioli Caobianco / AMBR

Typed or printed name of signee



Signature of a member or authorized representative of a member

Valdir Jose Caobianco / AMBR

Typed or printed name of signee

FILED
2021 JUN 14 AM 8:31
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA