L14000089790

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Document Number)	_
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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	-			
	AURICELIO AGUIAR PA	ARENTE			
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	MV 21 INVESTMENT LI	.c			
	Firm/Company				
	8640 E COLONIAL DRIV	νE			
		Address	•	· <u>~</u>	
ORLANDO, FL - 32817				ID23 APR	
		City/State and Zip Code		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	LTE EX
	Fabiochavesorlando@gmai			4-	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noticall:	fication)	AH 9: 45	
AURICELIO AGUIAR	PARENTE	407 978-8354		ं लि क	
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

Mailing Address:

TO:

Registration Section Division of Corporations

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

MV 21 INVESTMENT LLC				
(Name of the Limit	red Liability Compa (A Florida Limited I	ny as it now appears on ou Jability Company)	r records.)	<u>.</u>
The Articles of Organization for this Limited L Florida document number L14000089790	iability Company	were filed on $\frac{06/04/201}{}$	4a	nd assigned
This amendment is submitted to amend the following	owing:			고말 다
A. If amending name, enter the new name o	f the limited liabi	ility company here:		• •
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviati	ion "L.L.C."
Enter new principal offices address, if applicable: 8640 E COLONIAL DRIVE, ORLAND			RIVE, ORLANDO, FL	- 32817
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	8640 E COLONIAL D	RIVE. ORLANDO, FI.	- 32817
B. If amending the registered agent and/or ragent and/or the new registered office address		iddress on our records	, <u>enter the name of th</u>	<u>e new registered</u>
Name of New Registered Agent:	FABIO PORCI:	NO ROSADO CHAVES		
New Registered Office Address:	8640 E COLON	HAL DRIVE		
		Enter Flunda stree	et address	
	ORLANDO		, Florida Fl.	<i></i>
		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. Thereby 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 **Title** Name Address Type of Action _____ □Remove ☐Change _____ □Add _____ □Change Remove □Remove _____ □Change _____ 🗀 Add □Remove ☐Change □Add

_____ Change

				
Tective date, if other than to an effective date is listed, the date of ote: If the date inserted in this ocument's effective date on the	ust be specific and easnot be prior to date of filing or me block does not meet the applicable statutory filing Department of State's records.	(optional) see than 90 days after filing.) Pursuant to 605.0 requirements, this date will not be listed	207 (3Xb) as the	
ecord specifies a delayed effectis filed.	ive date, but not an effective time, at 12:01 a.m. o	n the earlier of: (b) The 90th day after t	he	
ed March 20th	2023		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	2923 APR
-// é	Signature of a tienther or authorized representative of	of a member		ት.
AURICELIO AGUIA			- 1	A
	Typed or printed name of signee			ڣ

Filing Fee: \$25.00