## L15000193249

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D. SCOTT NOV 9 2016

## **COVER LETTER**

Divis	stration Sec				
SUBJECT:	Maven Auto	LLC			
SUBJECT:	<del></del>	Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Nicholas Jones			
			Name of Person		
		Maven Auto LLC			
			Firm/Company		
		13051 S.W. 260 st			
		······································	Address		
		Homestead, FL 33032			75 <b>5</b>
		npjonesllc@gmail.com	City/State and Zip Code		FILEU NOV -8 PM 2: 02 ECRETARY OF STATE ALLAHASSEE, FLORIDA
		E-mail address: (	to be used for future annual report notif	ication)	-8 FE
For further inf	formation co	oncerning this matter, please co	all:		三年 三
Nicholas Jone	es		504 319-8266		25 79
	Name of	Person	at () Area Code Daytime	e Telephone Number	一
Enclosed is a	check for th	e following amount:			
\$25.00 Fi		☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maven Auto LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on or Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number L15000193249	oility Company were filed on	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Maven Auto Technologies LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or		records, enter the name of the nev
registered agent and/or the new registered offic	e address here:	F STU
Name of New Registered Agent:		RIDA RIDA
New Registered Office Address:		
	Enter Florida stre	eet 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 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 **Type of Action** Title Name **Address** \_□ Add \_□ Remove \_□ Change ☐ Add □ Remove \_ Change \_□ Add \_□ Remove ☐ Change □ Add □ Remove SECHANOV -8 PRE 1 ORIDAChanga \_□ Add \_□ Remove

☐ Change

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n effectiv	e date is listed, the	date must be sp	ecific and can	not be prior t	o date of filing	or more than 90	days after filing	) Pursuant to 605.02 will not be listed
	s effective date of				ole statutory	ming requirem	icitis, tilis date	will not be fisted a
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Typed or printed name of signee

Filing Fee: \$25.00