

L16000107538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

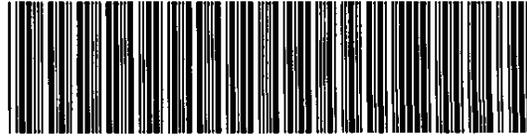
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 01 2016

Y SULK

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MaVin Made EZ 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:

Robert E Wilson Sr  
Name of Person

\_\_\_\_\_  
Firm/Company

2130 Morningside Dr  
Address

Safety Harbor FL 34695  
City/State and Zip Code

customer service @ maVinmadeez . com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert E Wilson Sr at (922) 519-6011  
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



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	Robert E Wilson Sr.	2130 Morningside Dr.	<input type="checkbox"/> Add
		Safety Harbor FL 34695	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	John F Wilson	2120 Indigo Dr.	<input type="checkbox"/> Add
		Clearwater FL 33763	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

STATE OF FLORIDA  
 DEPARTMENT OF STATE  
 16 JAN 30 PM 3:59  
 TALLAHASSEE, FLORIDA

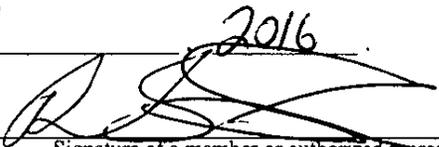
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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16 JUN 30 AM 3:58  
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E. Effective date, if other than the date of filing: 6/28/2016 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 28 2016  


Signature of a member or authorized representative of a member

Robert E Wilson Sr  
Typed or printed name of signee