L17000025397

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400326504634

03/27/19--01009--014 **25.00

R. WHITE APR 0 5 2019



COVER LETTER

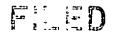
TO: Registration Sec Division of Corp			e de la companya de l
AV Property	Solutions.LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
	Amendment and fee(s) are sub		
Please return all correspon	dence concerning this matter	to the following:	
	Michael Abrahams		
		Name of Person	····
		Firm/Company	
	10127 Shooting Star CT		
		Address	<u></u>
	New Port Richey FL, 3465	55	
	jetfan8@gmail.com	City/State and Zip Code	-
	E-mail address: (to be used for future annual report notific	cation)
	ncerning this matter, please ca	all:	
Michael Abrahams		727 505-2758 at ()Area Code Daytime	
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

ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION 2019 MAR 27 PM 1: 41 **OF**

SEDAC J. SIMTE TALE VINUSCE, FL

AV Property Solutions, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 1, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MVA Creations, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10127 Shooting Star CT
Principal office address MUST BE A STREET ADDRESS)	New Port Richey FL, 34655
Enter new mailing address, if applicable:	10127 Shooting Star CT
Mailing address MAY BE A POST OFFICE BOX)	New Port Richey FL, 34655
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
rew 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 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□ Remove	
			Change	
			Add	
			Remove	
			☐ Remove	
			□ Change	
			Add	
			Remove	
			Change	
		<u> </u>		
			□ Remove	
			Change	
			D Add	
			☐ Remove	
			Change	

If amending any other informs	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
		-
·		
		•
		•
-		-
		•
		•
		•
		-
		_
		
		-
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	e date of filing:	5.0207 (ed as ti
the record specifies a delaye) The 90th day after the rec	ed effective date, but not an effective time, at 12:01 a.m. on the earlie cord is filed.	er of:
March 25th	2019	
Dated	· · · · · · · · · · · · · · · · · · ·	
y ver	Signature of a member or authorized representative of a member	
Michael Abrahams	Organization of authorizon representative of a fixentive	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00