L17000095494

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AND OF CORPORATION

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M. MILLIGAN MAY 1 6 2017

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ID MAVEN			
ЗОБЭЕ	CT:		ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		ANDRES COLMENARES	5	
			Name of Person	
			Firm/Company •	
		10802 NW 51st TRAIL	•	
			Address	
		DORAL, FLORIDA 331	78	
			City/State and Zip Code	
		acolm002@gmail.com	to be used for future annual report notif	iontion
For furt	her information co	oncerning this matter, please ca	•	(Carlott)
ANDR	ES COLMENARE	ES	786 537-7472 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

ID MAVENS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/25/2017 and assigned Florida document number L17000095494 This amendment is submitted to amend the following: 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," the designation "LLC" or the abbreviation "L.L.C." 10802 NW 51st TRAIL Enter new principal offices address, if applicable: DORAL, FLORIDA 33178 (Principal office address MUST BE A STREET ADDRESS) 10802 NW 51st TRAIL Enter new mailing address, if applicable: DORAL, FLORIDA 33178 (Mailing address MAY BE A POST OFFICE BOX) 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: ANDRES COLMENARES Name of New Registered Agent: 10802 NW 51st TRAIL New Registered Office Address: Enter Florida street address Florida 33178 Zip Code DORAL

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.

City

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
MMGR	ANDRES COLMENARES	10802 NW 51st Trail	■ Add
		Doral, FL 33178	□ Remove
			Change
MMGR	GISELA PARRA	5001 SW 74th Court, Ste 202	Add
		Miami, FL 33155	■ Remove
			Change
MBR	DANIEL ALEJANDRO LUGO	2011 Renaissance Blvd, #105	■ Add
		Miramar, FL 33025	□ Remove
			□ Change
			Add
			□ Remove
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ffective date, if other than the d	to of filings	(antional)	
an effective date is listed, the date must b	e specific and cannot be prior to date of filing or more to does not meet the applicable statutory filing r	than 90 days after filing.) Pursuant to 60 equirements, this date will not be lis)5.020 ited a
e record specifies a delayed of The 90th day after the reco	ffective date, but not an effective tim d is filed.	ne, at 12:01 a.m. on the earl	ier o
MAY 8	2017		4.4
	Andres Colmunes	7	18681V
S	gnature of a member or authorized representative of	a member	CF CC
ANDRES COLMENARE		翌	٦ ١ ١
	Typed or printed name of signee		- 23

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Filing Fee: \$25.00