## 417000 111 906

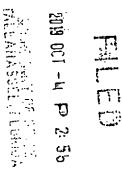
(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ament Number	)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer;	

Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
eud u	MAVIRA, L					
SUBJI	SUBJECT:Name of Limited Liability Company					
The en	iclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please	return all correspor	ndence concerning this matter to	the following:			
		DAVID L. MACKAY, ESÇ	)			
			Name of Person	<del></del>		
		DAVID L. MACKAY ATT	ORNEY, PA			
			Firm/Company	<del> </del>		
	2801 SW COLLEGE ROAD, SUITE 9					
			Address			
		OCALA, FL 34474				
			City/State and Zip Code	<del></del>		
		E-mail address: (to	be used for future annual report notifi	cation)		
For fu	rther information co	oncerning this matter, please cal	II:			
DAŸ	ID L. MACKAY		352 237-3800 at ( )			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	e following amount:				
<b>⊠</b> \$2	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 OF

	MAVIRA, LLC	An.
(Name of the Limited Liah	oility Company as it now appear ida Limited Liability Company)	s on our records.)
(A r lot	ida Emmed Embridy Company)	2015 COT - ROOM _ 15
The Articles of Organization for this Limited Liability	Company were filed on	5/19/2017 . ** and assigned
The Articles of Organization for this Limited Liability  Florida document numberL17000111906		TAÈLANÀ STÈCT COLLA
	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company he	re:
-		<del></del>
The new name must be distinguishable and contain the words "L	imited Liability Company." the de	esignation "LLC" or the abbreviation "L.L.C."
·		
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
Maning address MAT BE A POST OFFICE BOAL	<del></del>	
D 16 11 41 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and passed and the name of the
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	•	our records, enter the hame of the
N (N ) N (1 ) 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida
<del></del>	City	Zm Carla

## 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>	<u>Address</u>	Type of Action
MGR	MARY EL-JASSOUS	4201 SE 6TH AVENUE OCALA FL 34480	Add
			Remove
			☐ Change
<del></del>			Add
			☐ Remove
			Change
			Remove
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Effective data	e, if other than the date of f	īling:	(ont	ionah
(If an effective da Note: If the d	the is listed, the date must be specifiate inserted in this block does refective date on the Department	c and cannot be prior to date not meet the applicable sta	of filing or more than 90 days after	er filing.) Pursuant to 605,0207 (3
the record sp ) The 90th	pecifies a delayed effectived after the record is filed after the record is filed.	ve date, but not an $\epsilon$ ed.	effective time, at 12:01	a.m. on the earlier of:
Dated\	0/3/19			
		3		
		of a member or authorized re		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00