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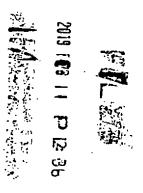
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T. LEMEUX

COVER LETTER

TO		gistration Se vision of Cor			
C1	n wer		NSTRUCTION LLC		
51.	BJECT:		Name of Lim	ited Liability Company	
Th	e enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease retur	n all correspo	ndence concerning this matter	to the following:	
			LEONARDO FIGUEIREI	00	
				Name of Person	
			SOLUTION ADVISING I	LLC	
				Firm/Company	
			5728 MAJOR BLVD - SU	HTE 609	
				Address	
			ORLANDO - FL 32819		
				City/State and Zip Code	
			info@solutionadvising.com		<u></u>
				to be used for future annual report notif	fication)
Fo	r further i	nformation co	oncerning this matter, please ca	all:	
L	EONARD	O FIGUEIRE	EDO	407 318-0058	
		Name of	Person	Area Code Daytime	e Telephone Number
En	closed is	a check for th	e following amount:		
=	\$25.00 i	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 ARTICLES OF ORGANIZATION.

1019 FM | 1 P 12 3b

(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our orida Limited Liability Company)	records.)
(A FI The Articles of Organization for this Limited Liabili Florida document number L18000089509	ty Company were filed on 04/09/2018	and assigned
Florida document number L18000089509		,
riorida document number	·	
This amendment is submitted to amend the following	ā:	
A. If amending name, enter the new name of the	limited liability company here:	
MAAV ENTERPRISE LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	·	
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street	address
		Florida
_	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MAAY CONSTRUCTION LLC

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ariane Almeida De Oliveira	6048 Raleigh Street Apt 2714	
		Orlando F1 - 32835	
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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MAAV ENTERPRISE LLC.			
			
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Effective date, if other than the d fan effective date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Dep	be specific and cannot be prior to ik does not meet the applicab	date of filing or more than 9 le statutory filing requires	(optional) Didays after filing.) Pursuant to 605,0207 (Iments, this date will not be listed as the
ne record specifies a delayed of The 90th day after the recor	effective date, but not and is filed.	an effective time, at	12:01 a.m. on the earlier of:
FEBRUARY 06 Dated	2019		
	n Am		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00