

1180000 89509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

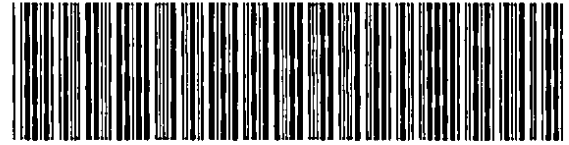
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800324263328

02/11/19--01035--012 \*\*25.00

FILED  
2019 FEB 11 P 12:36  
FEB 11 2019

T. LEMUEUX  
FEB 18 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MAAV CONSTRUCTION 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:

LEONARDO FIGUEIREDO

Name of Person

SOLUTION ADVISING LLC

Firm/Company

5728 MAJOR BLVD - SUITE 609

Address

ORLANDO - FL 32819

City/State and Zip Code

info@solutionadvising.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO FIGUEIREDO

at ( 407 ) 318-0058

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

**FILE**

2019 FEB 11 P 12:36

(A Florida Limited Liability Company)

04/09/2018

Page 1 of 3

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>                   |
|--------------|----------------------------|------------------------------|---|
| AMBR         | Ariane Almeida De Oliveira | 6048 Raleigh Street Apt 2714 | <input checked="" type="checkbox"/> Add |
|              |                            | Orlando FL - 32835           | <input type="checkbox"/> Remove         |
|              |                            |                              | <input type="checkbox"/> Change         |
|              |                            |                              | <input type="checkbox"/> Add            |
|              |                            |                              | <input type="checkbox"/> Remove         |
|              |                            |                              | <input type="checkbox"/> Change         |
|              |                            |                              | <input type="checkbox"/> Add            |
|              |                            |                              | <input type="checkbox"/> Remove         |
|              |                            |                              | <input type="checkbox"/> Change         |
|              |                            |                              | <input type="checkbox"/> Add            |
|              |                            |                              | <input type="checkbox"/> Remove         |
|              |                            |                              | <input type="checkbox"/> Change         |
|              |                            |                              | <input type="checkbox"/> Add            |
|              |                            |                              | <input type="checkbox"/> Remove         |
|              |                            |                              | <input type="checkbox"/> Change         |
|              |                            |                              | <input type="checkbox"/> Add            |
|              |                            |                              | <input type="checkbox"/> Remove         |
|              |                            |                              | <input type="checkbox"/> Change         |

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

THE NAME THE COMPANY MAAV CONSTRUCTION LLC HAS BEEN CHANGED TO:

MAAV ENTERPRISE LLC.

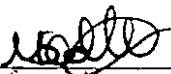
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 FEBRUARY 06 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MARCELO DA SILVA CARVALHO

\_\_\_\_\_  
Typed or printed name of signee