118000266807

(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



400330234624

06/13/19--01016--019 **25.00

SECRETAL COLLECTION INTO TAXABLE PLORIDO

9 JUN 13 FH 5: 19

JUN 2 5 2019 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor			
C110 112	MVWM, L	LC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Jeremy Ben-David		
		AXS Law Group, PLLC	Name of Person	
		2121 NW 2nd Ave #201	Firm/Company	
		Miami, FL 33127	Address	
		jeremy@axslawgroup.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	all:	
Jeremy	Ben-David		305 297-1878 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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 OF

MVWM, LLC		
(Name of the Limited Liah (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{L18000266807}{L18000266807}$	Company were filed on 11/14/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	2289 19
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		5.
		<u>≥</u> . 0
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		the name of the nev
registered agent and/of the new registered office ad	idress here:	
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:

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
MGR	LBRW, LLC	15000 NW 44TH AVE	
-		(11) 4 1 (1)(2)(4 17) 220(4	
		OPA LOCKA, FL 33054	Remove
			Remove
		D_	Change
MGR	MVW Partners LLC	7338 NW MIAMI CT	
			■ Add
		MIAMI, FL 33150	
			□ Remove
			Change
			□ Remove
			Change
	-		
			_
			□ Remove
			Change
			🗖 Remove
			Change
			Remove
			☐ Change

Note:	ive date, if other than the date of filing:
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	June 10 Relq

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00