

L19 0000 32522

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

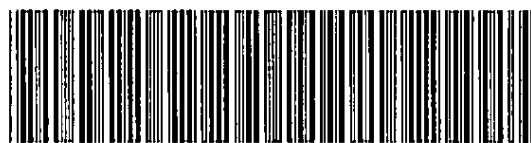
(Business Entity Name)

(Document Number)

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AUG 14 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2021

DAVID J VALKEMA
3741 N.E 24TH AVENUE
LIGHTHOUSE POINT, FL 33064

SUBJECT: MAVAL HOLDINGS SEACREST HOTEL, LLC
Ref. Number: L19000032522

We have received your document for MAVAL HOLDINGS SEACREST HOTEL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 921A00009734

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TALLAHASSEE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAVAL HOLDINGS LLC
Name of Limited Liability Company

[MAVAL HOLDINGS SEACREST HOTEL LLC]

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID J VALKEMA
Name of Person

MAVAL HOLDINGS LLC
Firm/Company

3741 N.E. 24TH AVENUE
Address

LIGHTHOUSE POINT, FL 33064
City/State and Zip Code

dvalkema@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Valkema at (312) 497-1110
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAVAL HOLDINGS SEACREST HOTEL, 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 01/31/2019 and assigned
Florida document number L19000032522

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAVAL HOLDINGS, 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Name of New Registered Agent:

Shobha Gulati

New Registered Office Address:

2031 Second St. S

Enter Florida street address

St Petersburg

City

Florida

33705

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated 08/05/2021.

Signature of a member on _____

Signature of a member or authorized representative of a member

SHOBHA GUPTA

Typed or printed name of signee

Filing Fee: \$25.00