6/20/24, 11:09 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000214188 3)))



H240002141683ABC:

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: accountant @taxzoneFc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&V DESIGNS AND PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

AUG - 6 2024

Registration Section

From: Tax Zon

TO:

COVER LETTER

Div	ision of Corp	orations			
SHRIECT	M&V DESIG	GNS AND PRODUCTIONS			
300,001,	~~~ ··································	Name of Lin	nited Lightlity Company	***************************************	Manager and Manage
The enclosed	I Articles of A	unendment and fee(s) are sub	anuted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		MUNOZ, FRANKLIN M			
		-	Name of Person		· ————————————————————————————————————
		M&V DESIGNS AND PR			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	···-	
		1307 SUSANNAH BLVD			
			Address	· - · · · · · · · · · · · · · · · · · ·	
		ORLANDO, FL 32803			
			City/State and Zip Co	ode	· · · · · · · · · · · · · · · · · · ·
		accountant@taxzonetl.com			
		E-mail address; (ual report notifies	ilion)
For further is	iformation coi	ncerning this matter, please co	ail;		
MUNOZ, PI	RANKLIN M	Person	407	888-3131	
	Name of I	Person	Area Code	Daytime T	elephone Number
Enclosed is a	check for the	following amount:			
≘ \$25,00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing F Certified Copy is (additional copy is	!	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is unclosed)
	ling Address:			t Address; stration Section	on

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&V DESIGNS AND PRODUCTIONS LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ampany as it now appears on our records.)	
The Articles of Organization for this Limited Liability Com-	pany were filed on 10/09/2020	and assigned
Florida document number 1.20000320491		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
M&V DESIGN & INVESTMENT LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLU" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	10 64 Marian	***************************************
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	ame of the new segistered
agent and of the new registered office address nere:		24
Number of Story Descriptors of Section		្តី គ
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	TEN CONTRACTOR
	, Florida	Trus

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.

Trip Cour

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

Title	<u>Name</u>	Address	Type of Action
			OAdd
			LIRemove
			Change
da.b,			□ Add
			CRemove
			©Change
·· 	Met annual de la company de la		O∆dd
			CRemove
			ClCounge
			UAdd
		The late a	□Remove
			□Change
			□Add
			- IRemove
		144 S	[]Change
<u></u> ,			LJAdd
			□Remove

From: Tax Zone

TT O angles and a second of		-
		-
		_
		•
		-
/ *** *** · · · · · · · · · · · · · · · ·		-
		•
		-
Parks of the last section		
	•	
···		
		_
		•
Effective data if a	ther then the data of Clima	
Fan affective date is lis	other than the date of filing: (optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days ofter filing.; Pursuant to 605	: 0207
LOCAL DE CIVIC (193	serted in this block does not meet the applicable statutory filing requirements, this date will not be list e date on the Department of State's records.	ed as
rocoment a cricente	e care on the Department of State's records.	
roomed emolities and	followed afficial to the state of the state	
d is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after	r the
JUNE 20 Dated	2024,	
	The state of the s	
	# 11.00	
	Familie Call FIRMES	
17 2	Signature of finentier or authorized representative of a member	