

***corrected

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((H24000380669 3)))



H240003806693ABC5

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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MVW LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2024 NOV 20 PM 4:32

FILED

Electronic Filing Menu

Corporate Filing Menu

Help SOLOMON

NOV 21 2024



November 18, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MVW LLC
7338 NW MIAMI COURT
MIAMI, FL 33150

SUBJECT: MVW LLC
REF: L21000062815

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The conflict is L12000018163.

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: E24000380669
Letter Number: 824A00025148

COVER LETTER**TO: Registration Section
Division of Corporations**

H24000380669

SUBJECT: MVW 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:

Ben Wolkov

Name of Person

Caldera Law PLLC

Firm/Company

7293 NW 2ND AVE

Address

MIAMI, FL 33150

City/State and Zip Code

ben@caldera.law

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

FILED
2024 NOV 20 PM 4:32
CLERK OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Ben Wolkov

786

321-3811

at ()

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

H24000380669

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

H24000380669

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

H24000380669

<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
			<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

RECEIVED
2024 NOV 20 PM 1:32
STATE OF ARIZONA
SECRETARY OF STATE

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

2024 NOV 20 PM 4:32
STATE
LABOR, FL

7
1
1
1
1

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 November 12, 2024

Ben Wolkov

Typed or printed name of signee

Doc ID: 83de8c97726097848a15374ca72188d6b0d7b5e4

H24000380669