## 121000/08633

(Re	questor's Name)	
(Ad	dress)	
- (Δ d	dress)	
<i>(,</i> 10	u.c.s.,	
(Cit	y/State/Zip/Phone	· #)
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☐ PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
•	,	,
(UO	cument Number)	
Certified Copies	_ Certificates	of Status
Carriel Instructions to		
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			•
MAVEK C	ONNECTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSE P. SEQUERA ARC	ILA	
		Name of Person	
	MAVEK CONNECTIONS	S LLC	2-0595  Daytime Telephone Number  & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MAVEK CONNECTIONS LLC  Firm/Company  12013 SW 129TH CT UNIT 2  Address  MIAMI,FL 33186  City/State and Zip Code  SEQUERAJOSEPAUL@GMAIL.COM  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  ARIA SERRANO  Name of Person  Name of Person  Area Code  S55.00 Filing Fee  Certificate of Status  Certificate of Status & Certificat Copy (additional copy is enclosed)  Mailing Address:  Street Address:		
	12013 SW 129TH CT UN	IT 2	
		nitted for filing.  o the following:  A  Name of Person  LLC  Firm/Company  T 2  Address  City/State and Zip Code  MAIL.COM obe used for future annual report notification)  H: at (	
	MIAMI,FL 33186		
		City/State and Zip Code	
	<del>-</del>		
	E-mail address: (	to be used for future annual report not	titication)
For further information of	oncerning this matter, please c	all:	
MARIA SERRANO			
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		\	action
Registration : Division of C			
P.O. Box 632	-	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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

MAVEK CONNECTIONS 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	_iability Company	were filed on 03/08/2021	and assigned
Florida document number L21000108633			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liahi	lity 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)		12013 SW 129TH CT UN	rt 2
		MIAMI,FL 33186	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12013 SW 129TH CT UN MIAMI,FL 33186	IT 2
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>e</u>	nter the name of the new regis
Name of New Registered Agent:			<u>-</u>
New Registered Office Address:	12013 SW 129	TH CT UNIT 2  Enter Florida street a	ddrass
	MALO		
	MIAMI	City	, Florida 33186 Zip Code
		Cuì.	Eq. Cour

## 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.

Tose P. Seguera Arula 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
PRES	JOSE P. SEQUERA ARCILA	12013 SW 129TH CT UNIT 2	□Add
		MIAMI,FL 33186	□Remove
			= Change
MGR	JORGE E. CORDOVA LOPEZ	12013 SW 129 CT UNIT 2	□Add
		MIAMI,FL 33186	□Remove
			<b>⊟</b> Change
V PRES	JORGE E. CORDOVA LOPEZ	12013 SW 129 CT UNIT 2	□Add
		MIAMI,FL 33186	□Remove
		■Change	
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	08/18/2021		(antional)	
thating data it athor than t	ust be specific and cannot be prior to	date of filing or more than 90	(optional) ) days after filing.) Pursuant to 605.	0207
Effective date, if other than the factive date is listed, the date in	block does not meet the applicab	le statutory filing requirer	nents, this date will not be liste	d as
f an effective date is listed, the date n Note: If the date inserted in this				
f an effective date is listed, the date n				
fan effective date is listed, the date n Note: If the date inserted in this locument's effective date on the	Department of State's records.	a at 12.01 a m. on the con-	dismass (b) The O0th day often	tha
fan effective date is listed, the date n  Note: If the date inserted in this locument's effective date on the  record specifies a delayed effec		e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	the
fan effective date is listed, the date n Note: If the date inserted in this locument's effective date on the	Department of State's records.	e, at 12:01 a.m. on the car	lier of: (b) The 90th day after	the
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fan effective date is listed, the date n Note: If the date inserted in this locument's effective date on the record specifies a delayed effect d is filed.  AUGUST 18	Department of State's records.  tive date, but not an effective time  2021	uem Arcila		the