

121000/08633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

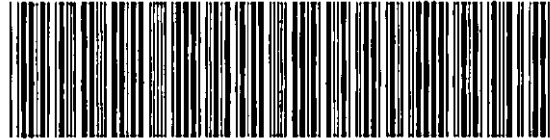
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800371930518

08/23/21--01014--022 **25.00

9/11/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MAVEK CONNECTIONS 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:

JOSE P. SEQUERA ARCILA

Name of Person

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)

For further information concerning this matter, please call:

MARIA SERRANO

Name of Person

305 at (322)

Area Code

0595

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

**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 Liability Company were filed on 03/08/2021 and assigned
Florida document number 1.21000108633.

This amendment is submitted to amend the following:

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

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)

12013 SW 129TH CT UNIT 2

MIAMI, FL 33186

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12013 SW 129TH CT UNIT 2

MIAMI, FL 33186

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:

New Registered Office Address:

12013 SW 129TH CT UNIT 2

Enter Florida street address

MIAMI

City

Florida 33186

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.

Jose P. Segura Arcila
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>
PRES	JOSE P. SEQUERA ARCILA	12013 SW 129TH CT UNIT 2	<input type="checkbox"/> Add
		MIAMI,FL 33186	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JORGE E. CORDOVA LOPEZ	12013 SW 129 CT UNIT 2	<input type="checkbox"/> Add
		MIAMI,FL 33186	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
V PRES	JORGE E. CORDOVA LOPEZ	12013 SW 129 CT UNIT 2	<input type="checkbox"/> Add
		MIAMI,FL 33186	<input type="checkbox"/> Remove
			<input checked="" 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

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 18, 2021

Jose P. Segura Arcila
Signature of a member or authorized representative of a member

JOSE P. SEQUERA ARCILA

Typed or printed name of signee