L22000076943

(Re	questor's Name)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
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Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
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COVER LETTER

	stration Section sion of Corporations	
SUBJECT: _	Mavens and Nola UC Name of Limited Liability Company	
	Articles of Amendment and fee(s) are submitted for filing.	
Please return al	all correspondence concerning this matter to the following:	
	Mavens Joshua Joseph IV Name of Person	
	Mayons and Nota LLC Firm/Company	
	Le40 E Campus Circle	2024 JAN -3
	Fort Lauderdale FL 33312 City/State and Zip Code	ω :
	E-mall address: (to be used for future)annual report notification)	MH 11: 56
For further info	formation concerning this matter, please call:	
<u> Maven</u>	NS Toseph at (321) 289-5652. Name of Person Area Code Daytime Telephone Number	
Enclosed is a cl	Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	tus &
Regis	ing Address: Street Address: istration Section Registration Section Division of Corporations	closed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mavens and Nola	lic	The way
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200076943</u> .	were filed on 02 16 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Joseph's Enterprise LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2719 Hollywood	Blvd
(Principal office address MUST BE A STREET ADDRESS)	Itallywood FL 3	3050
Enter new mailing address, if applicable:	2719 Hollywood	Blvd
(Mailing address MAY BE A POST OFFICE BOX)	Hollywood FL 3	3020
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	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 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 **Type of Action** <u>Title</u> Name **Address** Yvesnola) Toseph 2719 Hollywood Blvd Hollywood FC 33020 MGR \Box Change \square Add □Remove \Box Change <u>ে</u> □Change □Add _ Change \square Add _ 🗆 Change □Add Remove

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