L22000504482

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor		•	•	
MavBuilds	, ĽLC			
SUBJECT:	Name of Lim	ited Liability Company	······································	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	endence concerning this matter	-		
	Ashley Zohar, Esq.			
		Name of Person		
	Brown, Huff & Zohar, PL	TC		
		Firm/Company		
	6547 Gunn Hwy			2027 SE
		Address		ALL! SEI
•	Tampa, Florida 33625			SECKEDARY SECKEDARY
		City/State and Zip Code		PH 4: 17
	Ashley@BHZLaw.com			ing =
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	ication)	
Ashley Zohar	3	813 922-5290		
Name o	f Ferson	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Addres Registration 9		Street Address: Registration Sec	tion	
Division of C		Division of Corp		
P.O. Box 632		The Centre of T		0
Tallahassee,	rl 32314	2415 N. Monroe	: Street, Suite 81	V

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited L Florida document number L22000504482	iability Company were filed on 11/	30/2022 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	2073 SEC
		三流名
		PN
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	TOTAL THE SECOND
B. If amending the registered agent and/or ragent and/or the new registered office addre		ecords, enter the name of the new regis
Name of New Registered Agent:	MAVORANDS LLC	
New Registered Office Address:	232 INDIAN ROCKS RD N, ST	ΈΒ
	Enter Flor	ida street address
	BELLEAIR BLUFFS	, Florida <u>33770</u>
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

MAVRILLIDS LLC

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 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
AMBR	MAVREALTY LLC	232 INDIAN ROCKS RD N	
		STE B	⊞ Remove
		BELLEAIR BLUFFS, FL 33770	□Change
MGR	MAVBRANDS LLC	232 INDIAN ROCKS RD N	
		STE B	□Remove
		BELLEAIR BLUFFS, FL 33770	□ Change
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