(	Requestor's Name)	
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	Address)	
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(	Document Number)	
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2024 APR -5 AM II: 22 SECREMANT OF STATE

## **COVER LETTER**

Division of Corpo	orations		
SUBJECT:	MA	HV LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Aldo	Haneda Tokas	niki
	MIA	Firm/Company	
	3015 Marta	. Cir Apt 205	
	Kissimmee F	City/State and Zip Code  Complete the Complete C	
	aldohaneda E-mail address: (	to be used for future annual report	notification)
For further information co.	ncerning this matter, please c	all:	
Aldo Haneda Name of	Tokashiki Person	at ( <u>68</u> 9 <u>) 226</u> Area Code Day	OS8 ( rtime Telephone Number
Enclosed is a check for the	following amount:		
⊠ \$25.00 Filing Fee	S30.00 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	<u>:</u>	Street Address	<u>:</u>

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 81077
Tallahassee, FL 32303

2024 APR -5 AMII: 22 SECRUTARY OF STATE

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Filing Fee: \$25.00