



Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARVEN ENTERPRISES, INC
Account Number : I20210000171
Phone : (786)440-5396
Fax Number : (800)249-3601

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jhoannm@hotmail.com

RECEIVED

2023 JUL 12 AM 9:31

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEIKOS INTERNATIONAL LLC

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2023 JUL 12 PM 2:09

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Corporate Filing Menu

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JUL 13 2023

COVER LETTER

H230002437893

**TO: Registration Section
Division of Corporations**

SUBJECT: DEIKOS INTERNATIONAL 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:

SALOME VENTURA

Name of Person

MARVEN ENTERPRISES, INC

Firm/Company

5901 NW 183RD ST STE 138

Address

HIALEAH, FL 33015

City/State and Zip Code

admin@marventaxes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALOME VENTURA

786

440-5396

at ()

Name of Person

Area Code

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

H230002437893

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

H230002437893

DEIKOS INTERNATIONAL 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 02/16/2023 and assigned
Florida document number L23000085006.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JHOANN M OSORIO PEREZ

New Registered Office Address:

9231 VINTAGE HILLS WAY #1205

Enter Florida street address

WINTER GARDEN

Florida

34787

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.


Jhoann Osorio Perez
If Changing Registered Agent, Signature of New Registered Agent

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H230002437893

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>
AMBR	JOSE ARCIA	1900 SW 121ST CT UNIT 252	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33175	<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
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JULY 11 2023

Jiyoung Gyeong (JG) 2023 16:32 (131)

Signature of a member or authorized representative of a member

JOHANN M OSORIO PEREZ

Typed or printed name of signee

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Filing Fee: \$25.00