L23000210052

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COVER LETTER

Division of Cor		
	VENTS LLC.	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Jamilah Pullins	
		Name of Person
	Maven Events LLC.	
		Firm/Company
	1941 Valley Forge Drive	
		Address
	Saint Cloud, FL 34769	
		City/State and Zip Code
	Jamilah@mavenevents.net	to be used for future annual report notification)
For further information c	oncerning this matter, please co	
Jamilah Pullins		407 569-8232 at ()
Name o	T Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & ■ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration Section
Division of C	Corporations	Division of Corporations
P.O. Box 632 Tallahassee, l		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810. Tallahassee, FL 32303
rananassee,	1 17 74317	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAVEN EVENTS LLC.		
(Name of the Limited Liab (A Flor	pility Company as it now appears on our relida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number $\frac{L23000210052}{L23000210052}$		and assigned
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADD</u>	DRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or register gent and/or the new registered office address here 		ter the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		. Florida
194	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 limited company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti	on
AP	Anthony Rolan	1941 Valley Forge Drive	∐∧dd	
		Saint Cloud, FL 34769	■Remove	
AP	Jadyn James	1941 Valley Fore Drive	□Add	
		Saint Cloud, FL 34769		
			□Change	
			□Add	
			□Remove	
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ote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed. May 17	ive date, but not a	n effective time,	at 12:01 a.m. on ti	ne earlier of: (b)	The 90th	202I ₁	
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ote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed.	ne Reo	n effective time, $\frac{2024}{2000}$	at 12:01 a.m. on the			202I ₁	