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S. ROBERTS

JUN 2 9 2023

COVER LETTER

Registration Section Division of Corporations

ro:

SUBJECT:	MAVEN			
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Anicles of	Amendment and fee(s) are sub	mitted for filing	
Please returi	ı all correspo	ondence concerning this matter	to the following:	
		MARIAH ROBINSON		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		MAVEN CO., L.L.C.		
			Firm/Company	
		4012 W LAWN AVE		
			Address	
		TAMPA, FL 33611		
			City/State and Zip Code	
		MARIAHROBINSON7274	@GMAIL.COM	
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please co	all.	
MARIAH R	OBINSON		727 589-6287	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 F	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)
Rep Div P.C	iling Addres gistration S vision of C D. Box 632 ilahassee, l	Section forporations 17	Street Adaress: Registration Sed Division of Control The Centre of 2415 N. Monto Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAVEN CO., L,L,C.

		corus)
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies L23000221523	wwere filed on 5/4/25	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
MAVEN CO., LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		202
Enter new mailing address, if applicable:		· •
Mailing address MAY BE A POST OFFICE BOX)		~ <u>~</u>
		- · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agence		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, FloridaZin Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
hereby accept the appointment as registered agent and ag	e performance of my duties	I further agree to comply with t s, and I am familiar with and 95, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

f 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>Γitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			∃Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			
			□Remove
		□Change	
			□Add
		∃Remove	
		☐ Change	
			□Remove
]Change

If amending any othe	information, enter change(s) here: (Attach additional sheets, if necessary.)
	The only change is to the
	The only change is to the punctuation of LLC (remove periods
	name to read as
	MANIENI CO II C
· · · · · · · · · · · · · · · · · · ·	MAVEN CO., LLC
-	· · · · · · · · · · · · · · · · · · ·
-	
an effective date is listed, Note: If the date inserte	than the date of filing: ### ### ### ### ### ### ### ### ######
record specifies a delay	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated MAY 5	2023
	Signature of a member or authorized representative of a member
MARIAH R	
	Typed or printed name of signee