## L23000239924

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## **COVER LETTER**

TO:

то:	Registration Section Division of Corpo			
CHDIE	cr. MVS	SH Global Inves	stment LLC	
SUBJE	C1:		ted Liability Company	
The enc	losed Articles of Ar	nendment and fee(s) are sub-	nitted for filing.	
Please 1	eturn all correspond	ence concerning this matter	to the following:	
		Mar	garita Shevchenko	
			Name of Person	<del></del>
		MV	SH Global Investment LLC	
			Firm/Company	
		16	699 Collins Ave., suite 3403	
			Address	
		Sunny Is	les Beach, FL 33160	
			City/State and Zip Code	
		•	nargarita@gmail.com o be used for future annual report notificat	ion)
For furt	her information con	cerning this matter, please cr	·	,
	Margarita Shev	chenko	305 310-7891	
	Name of P	erson	at () Area Code Daytime Te	elephone Number
Enclose	ed is a check for the	following amount:		
<b>≘</b> \$23	5.00 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 Se Division of Col P.O. Box 6327 Tallahassee, Fl	rporations	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations ahassee treet, Suite 810

## ARTICLES OF AMENDMENT

	TO
	ARTICLES OF ORGANIZATION OF
N	IVSH Global Investment, LLC

	T	AMENDMENT O ORGANIZATION	ለ
AICI		ORGANIZATION  on the state of t	,
MVSH Global	Investment, LLC		
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document numberL23000239	iability Company	The state of the s	ned
This amendment is submitted to amend the foll	ovina.		
	J		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
MVSH Global, LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C	C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)	N/A	
Enter new mailing address, if applicable:		<u>N/A</u>	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered office a ss here:	nddress on our records, <u>enter the name of the new r</u>	<u>egister</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	,	Enter Florida street address	
		, Florida	
		City Zip Code	

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.

	N/A				
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
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## Page 2 of 3

ii amend	ling any other informati	on, enter change(s) ii	ere: (Anach aca	штона знееть, ц	necessary.)	
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(If an effect Note: If	e date, if other than the dive date is listed, the date must the date inserted in this blo t's effective date on the De	be specific and cannot be p ck does not meet the app	rior to date of filing plicable statutory	or more than 90 days filing requirements	after filing.) Pursuant to	605.0207 ( listed as t
he recor The 9	rd specifies a delayed Oth day after the reco	effective date, but ord is filed.	not an effectiv	ve time, at 12:	01 a.m. on the ea	arlier of:
Dated	March 1st	2024				
		Mess				
		Signature of a member or a	uthorized representa	ative of a member		_
		Margarit	a Shevchen <mark>l</mark>	(O		