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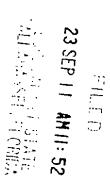
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ed Copies Certificates of Status cial Instructions to Filing Officer: J. HORNE SEP 2 7 2023	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	J. F	IORNE
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Office Use Only



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

ARTICL	LES OF AMENDMENT				
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ARTICLE	ES OF ORGANIZATION 🏑				
•	OF S				
	•	rds.)			
Maval & Co. LLC					
(Name of the Limited Liab (A Flor	oility Company as it now appears on our recorded Limited Liability Company)	rds.)			
The Articles of Organization for this Limited Liability	Company were filed on June 10, 2023	and assigned			
Florida document number L23000324899	. ,				
riorda document manioci	 -				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company here:				
Maval & Company LLC					
The new name must be distinguishable and contain the words "L	imited Liability Company "the designation "LL	C" or the abbreviation "L.L.C."			
	S. S				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
(Muning dualess MAT BE AT 031 OFFICE BOA)					
D. If amonding the projection of event and (event)		643			
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new registered			
	•				
N					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Florida				
	City	lorida Zip Code			
New Registered Agent's Signature, if changing Register	red Agent:				
	— · · · —	Total on the state of the state			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and					
accept the obligations of my position as registered					
being filed to merely reflect a change in the registe	ered office address. I hereby confirm to				
company has been notified in writing of this chang	С.				

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>	<u>Address</u>	Type of Action
AMBR	Fritz M.Vaval	2999 Windswept Dr. Apt 307	□Add
		Lake Worth, Fl 33462	□Remove
			■ Change
AMBR	Maria V. Valenzuela	2999 Windswept Dr. Apt 307	□Add
		Lake Worth, Fl 33462	
			□ Add
			Remove
			□ Change
			□Add
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an effecti lote: If	ive date is listed, the date inserted	than the date of the date must be spe I in this block do the on the Departm	ecific and cann	the applicable	late of filing or e statutory fil	more than 90 day	(optional) s after filing. ts, this date) Pursuant to 605 will not be liste	5.0207 ed as
record splits filed.		ed effective date,	but not an e	ffective time.	. at 12: 01 a.m	. on the earlier	of: (b) Th	e 90th day after	r the
ated Au	ugust 18		20)23					
		Signati	in a mem	er or authorize	ed representati	ve of a member			