

L2300037761

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: emilio@extreme-wraps.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EXTREME ART DESIGN USA LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

T. LEMIEUX

AUG 23 2023
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 22 PM 1:15

COVER LETTER

H230002906223

TO: Registration Section
Division of Corporations

SUBJECT: **EXTREME ART DESIGN USA 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

HALEAH, 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

at (736) 440-5396

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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 | GADEL INC | 7440 SW 50TH TER STE 106 | <input type="checkbox"/> Add |
| | | MIAMI FL 33155 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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Filing Fee: \$25.00