Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000290622 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 accress 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 2 3 2023

Electronic Filing Menu Corporate Filing Menu

| | | } | COVER LETTER | H230002906223 |
|------------------|----------------------------------|--|--|---|
| | egistration Se ivision of Cor | ection | | ,7 |
| ellin in om | EXTREME | ART DESIGN USA LLC | ; | \$ P |
| SEBJECT | : | | ited Liability Company | |
| The carles | م د د اد استان | A | and the Control of th | |
| | | Amendment and fee(s) are sub | - | |
| Please retu | rn all correspo | ondence concerning this matter | to the following: | |
| | | SALOME VENTURA | | |
| | | | Name of Person | |
| | | MARVEN ENTERPRISE | S. INC | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | | 5901 NW 183RD ST STE | 138 | |
| | | | Address | |
| | | HIALEAH, FL 33015 | | |
| | | | City/State and Zip Code | , , , , , , , , , , , , , , , , , , , |
| | | admin@marventaxes.com | to be used for future annual report no | uitication) |
| For further | information c | oncerning this matter, please of | | |
| SALOME | VENTURA | | 786 440-5396 | |
| | Name o | d Person | at () Area Code Dayri | me Telephone Number |
| | | | | |
| Enclosed is | a check for th | ne following amount: | | |
| ■ \$25,00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ailing Addres | | Street Address: Registration S | ection |
| D | ivision of C | Corporations | Division of Co | orporations |
| | .O. Box 632 allahassee, l | | The Centre of 2415 N. Monr | Tallahassee oe Street, Suite 810 |

Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230002906223

| (<u>Name of the Limited Linbility Compar</u> (A Florida Limited L | y as it now appears on our records.) ability Company) | |
|--|---|---|
| The Articles of Organization for this Limited Liability Company | vere filed on 08/14/2023 | and assigned |
| Horida document number L23000379761 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | y Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office uddress MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | ? ?£ |
| | | ` <u> </u> |
| | | , , , , , , , , , , , , , , , , , , , |
| If amending the registered agent and/or registered office a gent and/or the new registered office address here: | adress on our records, <u>enter tr</u> | - |
| | | -: |
| Name of New Registered Agent: | | * 1 |
| New Registered Office Address: | | . 0 |
| New Registered Office Address. | Enter Florida street address | |
| | , Flor | ida |
| | City | Zip Code |
| ew Registered Agent's Signature, if changing Registered Agent: | | |
| hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of | performance of my duties, and rovided for in Chapter 605, F. | I am familiar with and S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

H230002906223

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 | GADEL INC | 7440 SW 50TH TER STE 106 | □Add |
| | | MIAMI, FL 33155 | ■Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | □Change |
| | | | □Add |
| | | | CRemove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | \ \ \ \ |
| | | | |
| | | | Remove |
| | | | |
| | | | ⊡Add |
| | | | ⊏Remove |
| | | | |

H230002906223

| | | | |
|---|--|---|-------------------------------------|
| | | | |
| | | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | , | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| · — | | | |
| - | | · · · · · · · · · · · · · · · · · · · | |
| | | | |
| Effective date, if other than the (If an effective date is listed, the date must <u>Note:</u> If the date inserted in this blo document's effective date on the De | be specific and cannot be prior to dat ick does not meet the applicable s | (optional) e of filing or more than 90 days after filing.) Pursuant of statutory filing requirements, this date will not be | o 605.0207 (3)(b a listed as the |
| the record specifies a delayed effective cord is filed. | date, but not an effective time, a | it 12:01 a.m. on the earlier of: (b) The 90th day | after the |
| Dated AUGUST 21 | 2023 | | |
| | | | |
| F THEN (AUF 21, 2021-19 10 F.S.) | Signature of a member or authorized | | |

H230002906223

Typed or printed name of signee