P18000076665

(Re	equestor's Name)
(Ac	ldress)
(Ac	dress)
(Cir	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	isiness Entity Name)
(Dc	ocument Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MAVP INVERSIO	ONES CORP	<u> </u>	
	BER: P18000076665			
The enclosed A rticle .	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	MARIA OCHOA NAVA			
		Name of Contact Persor	1	
		Firm/ Company		
	9581 FONTAINEBLEAU BI	.VD APT 207		
		Address	· · · · · · · · · · · · · · · · · · ·	
	MIAMEEL 33178			
		City/ State and Zip Code	2	
	malon640@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
MARIA OCHOA		at (6725055	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
	vision of Corporations), Box 6327	Division of Corporations The Centre of Tallahassee		
Та	llahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MAVE INVERSIONES CORP.

(value or can por ation as currently	filed with the Florida Dept. of State)	
8000076665		
(Document Number of	Corporation (if known)	
rsuant to the provisions of section 607,1006, Florida Statutes, this <i>E</i> . Articles of Incorporation;	Florida Profit Corporation adopts the following amendment	ent(s) to
If amending name, enter the new name of the corporation:		
	The nev	ı,
one must be distinguishable and contain the word "corporation," "conc.," or Co.," or the designation "Corp," "Inc," or "Co". A chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,	,,
<u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2020 JUL -5
	·	
If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		EH 10: 35
Name of New Registered Agent		(
(Florida stre	et address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	MARIA OCHOA NAVA	9581 FONTAINEBLEAU BLVD
Add			APT 207 MIAMI FL 33172
X Remove			
2) Change	V	MARIA ALEJANDRA OCHOA	9581 FONTAINEBLEAU BLVD
X Add			APT 207 MIAMI FL 33172
Remove 3 (Change			
Add			
Remove			
4) Change			
Add			
Remove			
Sr Change			_
Add			
Remove			
6) Change			
Add			
Remove			

seemb of History Laboratory	ditional Articles, enter chi	THE STATE OF THE STATE OF		
xuacn <i>additional sheets, if</i>	(Be specific) (Be specific)			
<u> </u>				
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<u>lf an amendment provide</u>	es for an exchange, reclassing the amendment if not	fication, or cancellation	on of issued shares,	
provisions for implemen	ting the amendment if not	contained in the ame	ndment itself:	
(if not applicable, ind	licate N/A)	· · ·		
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			-	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date.)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the am sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	<u></u> ,"	
	(voting group)	
selec	director, president or other officer – if directors or officers have etcd, by an incorporator – if in the hands of a receiver, trustee, or sinted fiduciary by that fiduciary)	
ają.	• • • • • • • • • • • • • • • • • • • •	
	MARIA OCHOA NAVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . . .