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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AAVETA CORPC	JRATION			
DOCUMENT NUM	P20000051111		-7		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	MANUEL DE JESUS VERA	TAPIA			
	a love of	Name of Contact Person	1		
		Firm/ Company			
	6275 NW 111TH TERR				
	Address				
	HIALEAH, FL 33012				
		City/ State and Zip Code	.		
	MAVETACORPUSA@GMA	AIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
MANUEL VERA		954 at (5163454		
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:		
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

MAVETA CORPORATION

2021 OCT 18 AM 6: 15

(Name of Corporation as curren	tly filed with the Florida Dept. of State) ECRETARY OF STATE
P20000054141	TALLAHASSEE, FIFE
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
No.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
D. Cartan and a simulation of the address of applicable.	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
o n	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	·
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent N/A	
th'Iorida s	treet address)
N/A	·
New Registered Office Address:	, Florida (City) (Zip Code)
	fresh, common
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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: $\widetilde{V} = Vice President$: T = Treasurer: S = Secretary: D = Director: TR = Trustee: C = Chairman or Clerk: CEO = Chief Executive Officer: CEO = Chief: CEO = Chief: CEO = Chief: CEO = Chief: CEO

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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
_X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	. ==iBR	MARIA FERNANDA VERA JIMEN	6275 NW 111TH TERR
Add			HIALEAH, FL 33012
X Remove			-
2) Change			
Add			
Remove 3.) Change			
Add			
Renove			
4) Change			
Add			
Кенюче			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

/A	ets, if necessary).	(Be specific)			
					
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16				- 6 :	
If an amendment pro	ovides for an excu ementing the ame	ange, reciassificati ndment if not cont	ained in the amend	nent itself	
- provisions for impo	e. indicate N Ass			,	
if not applicable					
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provisions for impli- (if not applicable					
(if not applicabl					
(if not applicabl					
(if not applicabl					

The date of each amendment(s)	adoption:	, if other than the
ane this document was signed.	7/01/2023	
Effective date <u>if applicable</u> :	7/01/2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for 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	
า		
pi	(voting group)	
09/23/20 Dated	21 0 ALIAL N A	
selec	director, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or of inted fiduciary by that fiduciary)	
пррс	MANUEL DE JESUS VERA TAPIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	wife of person signing)	