P21000102830

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
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TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

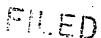
Division of Corporations

NAME OF CORPO	PRATION: Maven in Behahio	r Inc.			
DOCUMENT NUM	IBER: P21000102830				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Alana Usategui Guilarte				
		Name of Contact Person	1		
	Maven in Behavior Inc.				
	Firm/ Company				
	8915 sw 108 path				
	Address				
	Miami FL 33176				
		City/ State and Zip Cod	e		
	maveninbehavior305@gmail	.com			
	E-mail address; (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Alana Usategui Guil	arte	at (305	5862953		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street	Address		

Amendment Section

Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of



Maven in Behahior Inc.		<u>u</u> . l.)
(Name of Corporation as currently)	iled with the Florida Denila State)-	7 AM 7: 07
P21000102830		٠,
(Document Number of C	corporation (if known) 1441.14	OF STATE
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:		••
A. If amending name, enter the new name of the corporation:		
Maven in Behavior Inc.		The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent		
(Florida street	address)	
New Registered Office Address:	, Florida	
((iţ _i)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the posi	tion.

Signature of New Registered Agent, if changing

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			<u> </u>
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			<u></u>
6) Change			
Add			- <u> </u>
Damoria			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
•	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate Ñ/A)	

• .

. . .

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, if other than th
er amendment file date)
tory filing requirements, this date will not be listed as th
irectors without shareholder action and shareholder
of votes cast for the amendment(s)
ng groups. The following statement rately on the amendment(s):
nt for approval
. <u></u>
ectors or officers have not been a receiver, trustee, or other court
erson signing)

(Title of person signing)