## L07000002203

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
<u>L07 · 22 03</u> (Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
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April 12, 2010

MARK F. THIMMIG 2872 NE 25TH COURT FORT LAUDERDALE, FL 33305

SUBJECT: MAVERICKS IN EDUCATION, LLC

Ref. Number: L07000002203

We have received your document for MAVERICKS IN EDUCATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your document for MAVERICKS IN EDUCATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you are trying to change the Prinipal office location. You have to file the Amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 910A00008892

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## COVER LETTER ...

TO:	Registration Section Division of Corporations	. •				
SUB.	SUBJECT: Mavericks in Education, LLC  Name of Limited Liability Company					
Dear	Sir or Madam:					
The e	enclosed Registered Agent/Registered	Office (	Change and fe	e(s) are submitted for filing.		
Pleas	e return all correspondence concernin	ıg this m	atter to the fo	llowing:		
	Mark F. Thimmig	<u>-</u>	·			
·	Name of Person					
	Mavericks in Education, L Firm/Company	LC_	, <u>,</u>			
	2872 NE 25th Court					
	Address					
				•		
	Fort Lauderdale, FL 3330	)5		•		
	City/State and Zip Code					
	mark.thimmig@hotmail.co	om				
E	mark.thimmig@hotmail.cc E-mail address: (to be used for future annual repor	t notification	on)			
For fu	urther information concerning this ma	atter, ple	ase call:			
	Mark F. Thimmig	at (	954 )	594-2601		
	Name of Person			de & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING	G ADDRESS:		
Registration Section			Registratio			
	Division of Corporations			f Corporations		
	Clifton Building		P.O. Box 6			
	2661 Executive Center Circle Tallahassee, Florida 32301		i allahasse	e, Florida 32314		
	Enclosed is a check for the follow	ing amo	ount:			
	<b>✓</b> \$25 Filing Fee		S55 Filin	ng Fee & Certified Copy		

TO:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED: 10 APR 19 AM 10: 20

MAURICKS IN E	Sucation	w. // AP	RETARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears of Liability Company)	on our records.)	FLORIDA:
The Articles of Organization for this Limited Liability Company Florida document number <u>LODOOOO 2203</u>	were filed on	2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	sility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company	," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2872 A FORT LA	U <u>F <b>25</b></u> uderda 333	He Court
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2872 N FORT LA	DE 25 M 14 LERNA 3330	Court le, FL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street addre	ess
		, Florida	· .
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
	<del> </del>	<del></del>	Add
			Remove
			Add Remove
		•	Add
<del></del>			
			<del>=</del> -
D. If amor	idina any athan information ant		4- 36
D. II aillei	iding any other information, ent	er change(s) here: (Attach additional shee	
_			FILED 10 APR 19 AM SEURE LARY OF ALLIAHASSEE, I
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			FILED R 19 AM LARY OF HABSSEE, F
			, , , , , , , , , , , , , , , , , , ,
			D
Dated	4-15	2010	
	Mrs Ac	'	
	Much to Signature of	a member or authorized representative of a me	mher
	MARK E 7		inoei
		Typed or printed name of signee	

Filing Fee: \$25.00