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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

T. HAMPTON
DEC 1 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations MAVERICK MARKETING AND INVESTMENT
(Name of Limited Liability Company) PROPERTIES LLC The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: FILIP GARRISON
(Name of Person) MAVERICK MARKETING And Investment proporties LLC
(Firm/Company) 11736 Reedy Creek DR. #206 OPLANDO, FL. 32836 For further information concerning this matter, please call: FILL P GARRISON
(Name of Person) at (407 - 267 - 5079 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAVERICK MARKETING AND INVESTMENT Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Florida | Limited Liability Company | y) | | | |
|--|--|-------------|------------------------|---------------|------------------------|
| The Articles of Organization for this Limited Liability C | | 3/ | 28/08 | _ and assign | ned |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lim | ited liability company l | here: | | | |
| The new name must be distinguishable and end with the wor | rds "Limited Liability Con | npany," the | designation "LL | C" or the abb | reviation |
| | | | | 200 | S |
| Enter new principal offices address, if applicable: | | | | 3 DEC | 20 m |
| (Principal office address MUST BE A STREET ADDI | RESS) | | | | ≃∺ ⊸≘ −n |
| | | | | | _ <u></u> |
| | | | | 골 | 걸유다 |
| Enter new mailing address, if applicable: | | | | | 799 118 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | رن ن | - |
| muning unitess may be a rost of rice boxy | ************************************** | | | <u>_</u> | - 7, |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | n our rec | ords, <u>enter the</u> | name of t | he new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | (Enter Florida street address) | | | | |
| | | . Florida | | | |
| ······· | (City) | | | (Zip Code) | |
| New Degistered Agent's Signature if shanging Degistere | d Acent | | | | |

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

(1 / ye)

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)

1 / /

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:

The second of the second of the

MGR = Manager MGRM = Managing Member <u>Title</u> **Address** Type of Action Name MGRM ZDENKA OKANÍKOVA 11736 Reedy Creeks Add Remove □ Add Remove 🗂 Add Remove □ Add Remove ☐ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ZDENKA OKANIKOVA

Dated Dec 11 . 7008.

Filip Gara, Son
Signature of a member or authorized representative of a member

Filip Gara, Son
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00