L0900000041

(Req	uestor's Name)	
. (Add	ress)	
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(City	/State/Zip/Phone #)	,
PICK-UP	WAIT	MAIL .
(Bus	iness Entity Name)	<u>:</u>
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MAY 10 2010

EXAMINER

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10 MAY -5 PH 3: 43
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

COVER LETTER

TO: Registration So							
CALL AND COM	Maverick Mark	ceting Concepts, LLC					
SUBJECT:		Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		Kyle Roberts					
		Name of Person					
Maverick Marketing Concepts, LLC							
		Firm/Company					
	PO Box 48873						
		Address					
		Tampa, FL 33646					
		City/State and Zip Code					
	F-mail address: (bberts67@hotmail.com to be used for future annual report notific	ation)				
For further information	concerning this matter, please of		,				
	(yle Roberts	at (941) 7 Area Code & Daytime	704-7850				
Name	of Person	Area Code & Daytime	Telephone Number				
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURIE Registration Section Division of Corpora	ı.				

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mave	rick Marketin	g Concepts	, LLC		
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appe iability Company	ars on our records.)		
The Articles of Organization for this Limited L Florida document number L0900001		were filed on	February 2, 200	9 and assig	ned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	f the limited liab	ility company h	ere:		
The second secon	COLDPITCHE				
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ted Liability Com	pany," the designation	"LLC" or the ab	breviation
Enter new principal offices address, if applicable:		2317 Forrest Crest Circle			
(Principal office address MUST BE A STREET ADDRESS)		Lutz, FL 33	549		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered of		33556	the name of	the new
Name of New Registered Agent:	Steve Robe	rts			
New Registered Office Address:	2317 Forres	st Crest Circle		38.34	
	, , , , , , , , , , , , , , , , , , , 	E	nter Florida street ad	ldresso I	23020 23020
		Lutz	, Florida _	<i></i> ≥33549	· PACES
		City		Zip Code	ी कुम्बान्ध्र
New Registered Agent's Signature, if changing				H 3: L F STAT FLOR	
I hereby accept the appointment as registered the provisions of all statutes relative to the paccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	oroper and comp istered agent as p registered office change.	lete performanc provided for in C address, Istere	e of my duties, and I Chapter 608, F.S. Oi	Am familiar w r, if this docum imited liability	ith and ent is

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

MGRM = Managing Member **Type of Action** <u>Address</u> **Title** <u>Name</u> **Kyle Roberts MGRM** 2317 Forrest Crest Circle ☐ Add Remove Lutz. FL 33549 Steve Roberts MGR 2317 Forrest Crest Circle Remove Lutz, FL 33549 ☐ Add Remove Remove ∏Add Remove ∏Add ___Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 3 2010 Dated ____ Signature of a member or authorized representative of a member Roberty
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00