L11000035743

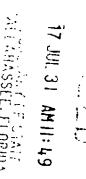
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mavenek United Elevator LEC			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Florida document number L11000035743	Liability Company were filed	d on 03/24/2011	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability comp	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compar	ny," the designation "LLC" or th	te abbreviation "L.L.C."
Enter new principal offices address, if appl.	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		17 JUL 1
3. If amending the registered agent and egistered agent and/or the new registered of	d/or registered office add office address here:	ress on our records, <u>en</u>	SECTION 100 SECTIO
Name of New Registered Agent:	David Alvarez	- •	10.4 10.4
New Registered Office Address:	10639 NW 122 St.		
	E	Inter Florida street address	
	Medley	, Florida	33178
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Juan Pineda		
			■ Remove
			Change
			□ Remove
			Change
			Remove
			Change Change Change
			6 Change
			□ Remove
			Change
			Add
1			Remove
1			□ Change

COVER LETTER

TO:

Registration Section

Divisi	on of Cor	porations		
Ŋ	laverick U	nited Elevaor LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of .	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	_	
r lease feturii a	n correspo	nuclice concerning this matter	to the following.	
		David Alvarez		
			Name of Person	
		Maverick UNited Elevator	LLC	
			Firm/Company	
		10639 NW 122 St.		
			Address	
		Medley, FL 33178		
			City/State and Zip Code	
		info@mavelevator.com		
		E-mail address; (to be used for future annual report noti	fication)
For further info	rmation co	oncerning this matter, please ca	all:	
David Alvarez			561 961-9149	
Name of Person		at ()	e Telephone Number	
Enclosed is a c	heck for th	e following amount:		
□ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

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ctive date, if other than th	ne date of filing:			optional 5
effective date is listed, the date m e: If the date inserted in this l	ust be specific and cann	not be prior to date of fil	ing or more than 90 days	s after filing.) Pursuant to 605.0
iment's effective date on the	Department of State	s records.		o, this date will not be fisted
ecord specifies a delaye	ed effective date	, but not an effe	ctive time, at 12:	01 a.m. on the earlier
ne 90th day after the re	cord is filed.			
d July 28	20)17		
ed	· -	·		
	2 (
	Signature of a memb	per or authorized repres	entative of a member	
David Alvarez				

Page 3 of 3

Filing Fee: \$25.00