

L140000-31877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900265144809

10/14/14--01014--020 \*\*25.00

FILED  
2014 OCT 14 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan OCT 16 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Maverix Global Capital LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexandre Clug

Name of Person

Maverix Global Capital LLC

Firm/Company

900 Biscayne Blvd, Ste 3307

Address

Miami, FL 33132

City/State and Zip Code

aclug@copper.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandre Clug

Name of Person

305 at (          )

Area Code

610-8000

Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- |                                                     |                                                                     |                                                              |                                                                                        |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Maverix Global Capital LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000031877

**THIRD:** Document to be corrected is:  
Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

We misspelled one of the Manager's names. It should be Jerry McRoberts and

NOT Jerrold B McRoberts

Thus, please replace Jerrold B McRoberts with Jerry McRoberts

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

October 2, 2014

Date

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**