114000187772

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PICK-UP	WAIT MAIL
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TALL ANALOSE FILES

COVER LETTER

TO:	Registration Second Division of Corp	ction porations				
01 TT		K CONSULTING ASSOCIA	TES LLC	٠.		
SUBJE	CT:	Name of Lin	nited Liability Company			
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspon	ndence concerning this matter	to the following:			
		LORRAINE M GASSET	r			
			Name of Person	<u>,,,_</u> _,		
		MAVERICK CONSULTI	NG ASSOCIATES LLC			
			Firm/Company			
		2206 S CYPRESS BEND	DRIVE A507		SEC SEC	
			Address		SEP SEP	П
		POMPANO BEACH FL 3	3069		26 15321	
			City/State and Zip Code			E
			GASSOCIATES@GMAIL.COM		海辺の	
For furth	er information co	oncerning this matter, please c	to be used for future annual report notifi	cation)	©⊞ G	
LORRA	INE GASSETT		954 854-1894 at ()			
	Name of	Person	· · · · · · · · · · · · · · · · · · ·	Telephone Number		
Enclosed	l is a check for the	e following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAVERICK CONSULTING ASSOCIATES LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 12/09/2014 and assigned Florida document number L14000187772	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	-
(Principal office address MUST BE A STREET ADDRESS)	
	-
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-
DE N	
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	<u>iew</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Fladda	

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.

City

Zip Code

Dans 1 af 2

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>	<u>Name</u>	Address	Type of Action
AMBR	LORRAINE GASSETT	2206 S CYPRESS BEND DRIVE /	■ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Reprove
			☐ Change
			□ Remove
			Change

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