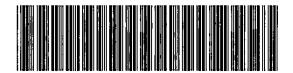
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FILED 200 JAN -5 PH 12: 20

COVER LETTER

	ision of Corp							
		MAVERIK ENTERPRISES, LLC						
SUBJECT:		Name of Limi	ted Liability Company					
		Amendment and fee(s) are subr	-	•				
	·	SAMUEL J. CANTOR	-					
			Name of Person	· ·				
		SAMUEL J. CANTOR, P.A	A .					
			Firm/Company					
		426 S. MILITARY TRAIL						
			Address					
		DEERFIELD BEACH, FL	33442	•				
			City/State and Zip Code					
		SAM@SAMCANPA.COM	o be used for future annual report	1				
For further in	nformation co	oncerning this matter, please ca		notification)				
PATRICIA	KOHSMAN		954 363-707	8				
	Name of	Person	Area Code Da	sytime Telephone Number				
Enclosed is a	a check for th	e following amount:						
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

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

FILED 2016 JAN -5 PH 12: 20

SECRETARY DE STATE TALLAHASSEE, FLORMA

Liability Company as it now appears on our records.) Florida Limited Liability Company)	
oility Company were filed on 12/14/2015	and assigned
ring:	
he limited liability company here:	
ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
de:	
ADDRESS)	
;	
<u></u>	
registered office address on our records, ce address here:	enter the name of the
Enter Florida street address	
	• •
, Flor	ida Zip Code
	ring: he limited liability company here: ds "Limited Liability Company," the designation "LLC" of the sele: ADDRESS) registered office address on our records, the address here: Enter Florida street address , Flor

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>	<u>Name</u>	Address	Type of Action
MGR	HINDA MILLER	426 S. MILITARY TRAIL	= Add
		DEERFIELD BEACH, FL 33442	Remove
			Change
			🗖 Add
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e record sp	ecifies a delay delay after the r			not an eff	ective time	, at 12:01 a	a.m. on the	earlier o	of:
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Page 3 of 3

Filing Fee: \$25.00