

L16000035192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

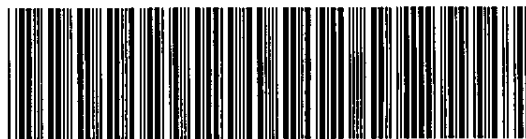
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05/17/16--01024--018 **16.25

04/28/16--01009--028 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAY 16 P 4:30

FILED

MAY 17 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2016

MARY A JONES
1015 WHITE TAIL AVE SW
VERO BEACH, FL 32968

SUBJECT: MAVERICK'S MAIDS, LLC
Ref. Number: L16000035192

We have received your document for MAVERICK'S MAIDS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 816A00008977

2016 MAY 16 P 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Maverick's Maids LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary A. Jones
Name of Person

Maverick's Maids, LLC (Amended Name: VROOM Gear, LLC)
Firm/Company

1015 White Tail Ave SW
Address

VERO BEACH, FL 32968
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary A Jones at (405) 414-4044
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)

☒ \$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

FILED
2016 MAY 16 P 4: 30
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Maverick's Maids, 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 02/19/2016 and assigned Florida document number L16000035192

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Vroom Gear, LLC

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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED
 2018 MAY 16 PM 4 30
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 TALLAHASSEE, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 05/11/2016, 2016.

Signature of a member or author

Signature of a member or authorized representative of a member

Mary A. Jones
Typed or printed name of signer

FILED
2015 MAY 16 P 4:30
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA