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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phor	ne #)
PICK-U		MAIL
	(Business Entity Na	me)
	(Document Number)
Certified Copies	Certificate	es of Status
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Special Instructio	ns to Filing Officer:	
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11/01/16--01018--008 ***30.00 **Secretary of State** FLORIDA

D. BRUCE NOV 0 2 2016

		(COVER LETTER			
TO:	Registration Se Division of Cor		~			
CUBIE	Maverick M	1arquardt LLC				
SUBJE	CI:	Name of Limi	ted Liability Company		,	
The enc	losed Articles of .	Amendment and fee(s) are sub	nitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Maverick Marquardt				
			Name of Person	·		
		Maverick Marquardt LLC				
			Firm/Company			
		404 N Broughton Sq				
			Address			
		Boynton Beach FL 33436			I	
			City/State and Zip Code			
		Maverickmarquardt@gmail		·		
For furt	her information c	E-mail address: (t oncerning this matter, please ca	o be used for future annual report noti	fication) 2015 NOV -	-11	
				HAS		:
Maveri	ck Marquardt		at () 3382726	<u> </u>	1	
	Name o	f Person	Area Code Daytim			2
Faclose	ed is a check for th	ne following amount:		3. I	-	:
	i.00 Filing Fee	Solo (1997) 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)	ſ	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corport Clifton Building 2661 Executive Ce	on rations		

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2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 <u>August 2 2016</u> and assigned Florida document number <u>L16000144093</u>

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 BC	
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 offic	ōm T
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Maverick Marquardt	404 N Broughton sw, Boynton Beach FL 334	℃ ■ Add
			Remove
AMBR	Maverick Marquardt	404 N Broughton Sq. Boynton Beack FL 374:	□ Change
			🖬 Add
			Remove
			Change
			Add
			Remove
		AHASSE	
		E E E E E E E E E E E E E E E E E E E	Remover
		FLORIDA	Change
			Add
			CRcmove
			Change
			🗆 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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10/11/2016		្រុក អាមារារ	D	D

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days (If an effective date in this block does not meet the applicable statutory filing requirements, his date is date ill not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	October 11th		2016		
Dated_		<u>}</u>	, <u></u>	 _	
		$ \land$			
	\rightarrow				
		Signature	of a member or buth	prized representative of a men	ber
	Maverick R Ma	rquardt			

Typed or printed name of signee

Filing Fee: \$25.00