# 11700141260

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# **COVER LETTER**

SUBJECT: SP	eti Maverick	INVESTMENT:	s, LLC
		ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	BRETT	L. Schröder	
		rame of renon	
	BrOTT MAN	ERICK INVEST	MENTS LLC
		Firm/Company	
	13266 By	rd Drive Sto	. 100-
	Odessa, A	City/State and Zip Code remior Cim. Com	
	RITTOL	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	all:	
Brett	L. Schroder	at ( <u>121</u> ) 808 -	1288
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
<b>\</b>	☐ \$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:

TO:

Registration Section
Division of Corporations

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

	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 17000141Z6k</u>	ompany were filed on $\frac{6/29/17}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
-	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	reco
(Principal office address MUST BE A STREET ADDRE	255)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED  17 AUG 21 PA  SECRETARY OF STALLAHASSEE, FI
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	ered office address on our records, enter the of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Ziv 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

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