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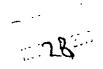


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SECRETARY OF STATE
TALLAHASSEE, FL





COVER LETTER

Division of Corporations
SUBJECT: Maverick Restoration, LC 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:
Rick Mack Name of Person
Marerick Restoration, LC
1746 E Silver StarRd #285
Cope Fi 3476/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Person at (407) 953-7995 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee S25.00 Fi

MAILING ADDRESS:

Registration Section

TO:

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

Margarak Postmit	On LC 2018 NOV 13 AM 8: 54
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Of INFT access
(A Horida Enimed E	I MELAHASSEE, FI
The Articles of Organization for this Limited Liability Company	were filed on 11 08 >0 7 and assigned
Florida document number <u>L170023116.7</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1744 E Silver Star Rd #286
(Principal office address MUST BE A STREET ADDRESS)	Dobee, FL 37461
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
tmbr	Rick Marck SR.	1733 Addie Ave	□ Add
			□ Remove
	· 0 · 6		D Change
mBL	Luciana Major	1694 Cora Ave Des Plaines IL le	
		Des Plaines IL le	
			Change
			Add
			Remove
			Change
			Add
			Remove
			🗆 Change
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(If an cfi Note:	ive date, if other than the date of filing:
f the red b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/07/ 2018.
	Signature of a member or authorized representative of a member
	Youghtre of a member or authorized consecutative of a

Page 3 of 3

Filing Fee: \$25.00