# 18000005166

(Rec	questor's Name)	
(Add	iress)	
	lress)	
(000	1633)	
(City	/State/Zip/Phone	e #)
PICK-UP		MAIL
	iness Entity Nar	ne)
(Doc	curnent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	]
	Office Use On	lv .



12/07/20-+01020--012 \*\*50.00





TO: Registration Sec Division of Corp	ction	COVER LETTER		
MAVERICI SUBJECT:	K SECURITY SERVICES LL	с		
	Name of Limi	ited Liability Company	<u></u>	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	IAN ILLYCH MARTINE	Z, ESQ.		
		Name of Person		
	BELLO & MARTINEZ, P	LLC		
	<u>_</u>	Firm/Company		202 50
	2850 S. DOUGLAS ROAI	D, SUITE 303		
		Address		
	CORAL GABLES FL 331	34		
	imartinez@bnulawgroup.cc	City/State and Zip Code		PM 2: 00 SEE, FL
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notificat all:	tion)	
IAN-ILLYCH MARTIN		305 442-7970		
	f Person	at ()	elephone Number	-
Enclosed is a check for the		_	_	
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a)	tatus &
Mailing Address Registration	Section	Street Address: Registration Section		
Division of C P.O. Box 632		Division of Corpo The Centre of Tall		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

,

٠

Tallahassee, FL 32314

.

-

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### MAVERICK SECURITY SERVICES 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 01/05/2018 and assigned Florida document number L18000005166

This amendment is submitted to amend the following:

N/A

### 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 Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	5 E
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	22 <b>9+) 71</b>
(Thispar office duaress most bit A STREET ADDRESS)		ES ES
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>

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:	BELLO & MARTINEZ, PLLC. 2850 S. DOUGLAS ROAD, SUITE 303		
New Registered Office Address:			
<u>1 m. roginging on to right op</u> .	Enter Fl	orida street uldress	
	CORAL GABLES	, Florida <sup>33134</sup>	
	Ciny	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.

a change.	60-
	If Changing Registered Agent, Signature of New Registered Agent
$\left( \right)$	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

.

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	GREENBACKS HOLDING,LLC.	333 PALERMO AVE.	Add
		CORAL GABLES FL 33134	🗆 Remove
			Change
		<u> </u>	🗆 Add
			🗆 Remove
<u> </u>	<u> </u>		SECRI-TAN
			□ Add
			□Change
			□Add
			🗆 Remove
			□Change
			🖸 Add
			Remove
			Change

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

······································		·	···· ···	<u>_</u>
/A				
	, <u></u>			
······································		······	·····	
				. <u> </u>
· · · · · · · · · · · · · · · · · · ·		·····		
		······		
	<u></u>	·····	ي چرچ	2020
			ICRE MLI	- (سک ا
			TARY OF STATE	
			<u></u>	- <u>-</u>
			SC SC	Tí or
			ţ,	PM 2 06
		<del>.</del>		
			Ē	6
		·-		<u></u>

E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) 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.

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 11-20, 2040	
Juan Rode	
Signature of a member or authorized representative of a member	я
RODRIGUEZ, JOSEPH G, SR.	

Typed or printed name of signee