L19000026436

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Nar	me)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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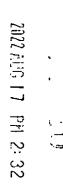
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COVER LETTER

TO: Registration of C			
MAVERI SUBJECT:	CK HEALTH LLC		
JUDJECT.	Name of Lin	mited Liability Company	<u></u>
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
	oondence concerning this matte	-	
	Daniel Bensimon		
		Name of Person	-
	DOROT & BENSIMON	PL	
		Firm/Company	
	20295 NE 29TH PL, SUIT	ΓE 201	
		Address	··· -
	MIAMI, FL 33180		
		City/State and Zip Code	
	corporate @dorbenco.com	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	•	, .
Daniel Bensimon		305 921-9421	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ction
Registration Section Division of Corporations		Registration Se Division of Cor	porations
P.O. Box 632	7	The Centre of T	Callahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ESTATE PLANNING • INTERNATIONAL & DOMESTIC TAX • ASSET PROTECTION • TAX CONTROVERSY

BOCA RATON OFFICE

2000 Glades Road, Suite 312 Boca Raton, FL 33431

(T) 561.218.4947

(F) 561.235.0986

WWW.DOROTBENSIMON.COM

INFO@DOROTBENSIMON.COM

AVENTURA OFFICE

20295 NE 29th PL, Suite 201 Aventura, FL 33180

(T) 305.921.9421

(F) 305.395.3978

August 9, 2022

Via Certified Mail 9414 7111 0803 3598 8596 28

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

MAVERICK HEALTH LLC (L19000026436)

Response to Letter Number 822A00016607

Dear Sir or Madam.

Enclosed please find the signature page for the Articles of Amendment filed by the abovereferenced entity.

If there are any further concerns regarding this filing, you can contact me directly at dbensimon@dorotbensimon.com or at (561) 218-4947. Thank you for your assistance in this matter.

Sincerely,

DOROT & BENSIMON PL.

Daniel Bensimon For the Firm

//Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

AUG 17 2022

July 25, 2022

DANIEL BENSIMON 20295 NE 29TH PL SUITE 201 MIAMI, FL 33180

SUBJECT: MAVERICK HEALTH LLC

Ref. Number: L19000026436

We have received your document for MAVERICK HEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 822A00016607

www.sunbiz.org

Division of Commentium D.O. DOV COOR M. H. J. CO.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUG 17 PH 2: 32

MAVERICK HEALTH LLC				
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appe: Liability Company)	irs on our records.)	<u></u> ····
The Articles of Organization for this Limited	Liability Company	were filed on	01/25/2019	and assigned
Florida document number L19000026436	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		C/O DOROT &	BENSIMON PL	
		20295 NE 29TH PL. STE 201		
		MIAMI, FL 33	180	
inter new mailing address, if applicable:		DOROT & BE	NSIMON PL	
Mailing address MAY BE A POST OFFICE BOX)		20295 NE 29TI	IPL. STE 201	
		MIAMI, FL 33	180	
 If amending the registered agent and/or gent and/or the new registered office addre 	ess here:			me of the new regist
Name of New Registered Agent:	DOKBEN COR	PORATE SERVI	CES, LLC	
New Registered Office Address:	20295 NE 29TH			
		Enter Flor	rida street address	
	MIAMI,		, Florida _	33180
		City		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> Name Address Type of Action _____ □Add ____ □Change _____ □Remove

		_ Change
		_ 🗆 Add
		_ □Remove
		Change
		□Add
		Remove
		Change
		□Add
		Remove
		Change
	 	□Add
		Remove
		□Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
<u>inote:</u>	ive date, if other than the date of filing:
he recor ord is fi	d 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 led.
Dated	August 9 2022
	Signature of a member or authorized representative of a member
	Daniel Bellsimon
	Typed or printed name of signee