

K19 000026436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

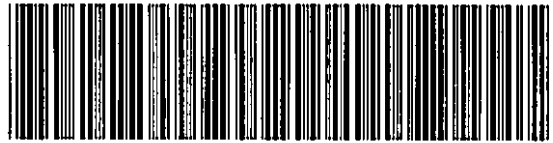
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DOROT & BENSIMON PL
ATTORNEYS AT LAW

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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 above-referenced 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2022 AUG 17 PM 2: 32

MAVERICK HEALTH 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 01/25/2019 and assigned Florida document number L19000026436.

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:

C/O DOROT & BENSIMON PL

(Principal office address MUST BE A STREET ADDRESS)

20295 NE 29TH PL. STE 201

MIAMI, FL 33180

Enter new mailing address, if applicable:

DOROT & BENSIMON PL

(Mailing address MAY BE A POST OFFICE BOX)

20295 NE 29TH PL. STE 201

MIAMI, FL 33180

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:

DORBEN CORPORATE SERVICES, LLC

New Registered Office Address:

20295 NE 29TH PL. STE 201

Enter Florida street address

MIAMI,

City

Florida 33180

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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