L21000519594

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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration So Division of Cor					
Maier Mau	rice, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Daniel S. Friebis				
		Name of Person			
	Friebis & Associates				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	_		
	3890 Turtle Creek Drive				
		Address			
	Suite B			1. 2.3.8 7.07	٠
		City/State and Zip Code	·	SECHAR 13	
	Port Orange, FL. 32127) 110	-
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	fication)	y i	
Daniel S. Friebis		386 492-7915		ACT FL	5
Name o	f Person		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ection		
Division of C		Division of Cor			
P.O. Box 632	7	The Centre of T	Fallahassee		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 81	0	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maier Maurice, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L21000519594	mpany were filed on 12-08-2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limits	ed liability company here:	
Maier James, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	<u></u>	23 F.ÁR
		AR .
		$\overline{\mathbb{R}}$ $\overline{\omega}$
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		, D
		36
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
raine of the registered rigent.	·	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	<u> </u>
	r.mer r ioriuu sireel aaaress	
	Flo	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			□Change
 -			□Add
			□Remove
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fective date, if other than the	e date of filing:		(optional)	,
n effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cannot be prior		0 days after filing.) Pursua	
cument's effective date on the E				
ecord specifies a delayed effective	va data, hut nat an affaativa ti	ma at 12:01 a m on the ca	elianati (h) Tha 90th	day after the
is filed.	ve date, but not an enective a	ine, at 12.01 a.m. on the ca	rner or. (b) The John	day arter me
. March 7	2023			
ted	,	<u> </u>		
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-0	Signature of a member or author	orized representative of a mem	ber	

Filing Fee: \$25.00