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S. ROBERTS MAY 1 2 2023

COVER LETTER

Division o	of Corporations		
Jason	McCaffery LLC		
SUBJECT:	Name of L	imited Liabitity Company	
The enclosed Artic	les of Amendment and fee(s) are s	ubmitted for filing.	
Please return all co	rrespondence concerning this matter	er to the following:	
	Daniel Reyes		
	_	Name of Person	
	ZenBusiness INC.		
		Firm/Company	
	336 E. College Ave Suit	e 301	
		Address	
	Tallahassee, FL 32301		
		City/State and Zip Code	
	fulfillment@zenbusiness.	.com : (to be used for future annual report notif	·
For further informa	tion concerning this matter, please	·	(cation)
Daniel Reyes		at () 237-7349 Area Code Daytime	
N	ame of Person	Area Code Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filling F	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)
<u>Mailing A</u> Registrat	ddress: tion Section	Street Address: Registration Sec	ction

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

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jason McCaffery LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/13/2023	and assigned
lorida document number 1.23(000076953		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
Maverick Group Consulting LLC		
he new name must be distinguishable and contain the words "Limited Liabi	ility 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)		~
		2023
Enter new mailing address, if applicable:		,
Mailing address MAY BE A POST OFFICE BOX)		-
		သ
B. If amending the registered agent and/or registered office	address on our records, enter th	e name of the new registe
gent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
			□Ađd
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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Page 2 of 3

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Filing Fee: \$25.00