P14000045236

(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MAVERICK PRO	PERTIES, INC	
DOCUMENT NUMBE	R: P14000045236		
	Amendment and fee are sub	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
Γ	DERICK SCARBERRY		
		Name of Contact Person	<u> </u>
N	MAVERICK PROPERTIES, INC		
			
1	Firm/ Company		
	Address		
P	ARRISH, FL 34219		
		City/ State and Zip Code	,
dscarbe	rry@icloud.com		
	E-mail address: (to be us	ed for future annual report	notification)
	concerning this matter, pleas		564 6068
DERICK SCARBERRY		at (_)
Name of Contact Person		Area Coo	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

M IN 26 MOS

Articles of Amendment to **Articles of Incorporation** of



(Name of Corporation as currently filed with the Florida Dept. of State)

P14000045236

ent(s) to

Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	ent Number of Corporation (if kno	
A. If amending name, enter the new name of the co	rporation:	
		m.
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	" "Inc," or "Co". A professiona	The new "incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	x)	
(
D. If amending the registered agent and/or register new registered agent and/or the new registered agent age		r the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		obligations of the position.
Sign	ature of New Registered Agent, if c	hanging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MICHELLE SCARBERRY	11141 58TH ST CIR E
Add			PARRISH, FL 34219
X Remove			
2) Change	VP	MICHAEL WEINER	11170 58TH ST CIR E
X Add			PARRISH, FL 34219
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			,
6) Change			
Remove 2) Change	VP	MICHAEL WEINER	PARRISH, FL 34219

(Atta	mending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)
	
If a	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
-	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	.,,	
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
JUNE 15	5, 2017	
Dated	Delan	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	DERICK SCARBERRY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	