## L12000 145477

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## **COVER LETTER**

Tallahassee, FL 32314

TO:

TO: Registration : Division of Co			
	N 83 CAPITAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	CLAYTON DINGLE		
	<del></del>	Name of Person	
	MAROON 83 VENTURE	S LLC	
		Firm/Company	<del></del>
	14651 BISCAYNE BLVD	#346	
		Address	
	N MIAMI BEACH, FL 33	181	
	CLAYD@THINKCDV.CO	City/State and Zip Code M	
	E-mail address: (	to be used for future annual report noti	tication)
For further information	concerning this matter, please c	all:	
		at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi Registration		<u>Street Address:</u> Registration Sec	ction
	Corporations	Division of Cor	porations
P.O. Box 63		The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MAROON 83 CA	APITAL LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appea Liability Company)	ars on our records.)	<del>_</del>	
The Articles of Organization for this Limited L L12000145477		were filed on _	November 19th, 2012	and assigned	
This amendment is submitted to amend the fol	lowing:				
· A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company h	<u>iere</u> :		
MAURIS CAPITAL LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A			
Principal office address MUST BE A STREET ADDRESS)		N/A			
Trincipal affect data (53) MOST BE 71 STREE	<u>ST, IDDREOS</u> ,	N/A			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX)		N/A			
		N/A			
B. If amending the registered agent and/or agent and/or the new registered office addressed of New Registered Agent:	MAROON 83	Address on our VENTURES LLC	:	e of the new regi	
New Registered Office Address:	Enter Florida street address		<u>_</u>		
	N MIAMI BEA	ACH		181 . 22	
		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>	Address	Type of Action
N/A	N/A	N/A	
		N/A	
		N/A	
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			Change
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		<del></del>	□Add
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			□Change

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