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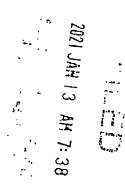
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COVER LETTER

TO: Registration S Division of Co			
		M VENTURES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CLAYTON DINGLE		
		Name of Person	
	CARPE DIEM VENTURE	ES LLC	
		Firm/Company	
	1835 NE MIAMI GARDE	ENS DR #157	
		Address	
	MIAMI, FL 33179		
	clayd@thinkcdv.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti:	fication)
For further information	concerning this matter, please c	all:	
		at ()	e Telephone Number
Name	of Person	at () 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 tadditional copy is enclosed

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

Street Address:
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:

	CARPE DIEM V	entures llc - 2	1021 JAN 13 AM 7:38		
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L El500011200 Florida document number		were filed on	June 26th, 2015 - and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :		
	MAROON VEN	TURES LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	NOT APPLICAB	LE		
Principal office address MUST BE A STREE		NOT APPLICAB	LE		
		NOT APPLICAB	LE		
Inter new mailing address, if applicable:		NOT APPLICAB			
Mailing address MAY BE A POST OFFICE	BOX)	NOT APPLICAB	LE		
		NOT APPLICAB	LE		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	ords, enter the name of the new register		
Name of New Registered Agent:	NOT APPLICA	ABLE			
New Registered Office Address:	NOT APPLICA	NOT APPLICABLE			
-		Enter Florid	la street address		
	NOT APPLICA	ABLE	. Florida NOT APPLICABLE		
		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 =	Manager	
4 M D D -	Authorized	Man

MOR - Manager		· · · · · · · · · · · · · · · · · · ·
AMBR = Authorized Member	•	- i
		Total Last

<u>Title</u>	<u>Name</u>	Address 2021 JAN 13 AH 7: 38	Type of Action
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Typed or printed name of signee