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TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations MAROON VENTURES LLC SUBJECT: ____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CLAYTON DINGLE Name of Person MAROON VENTURES LLC Firm/Company 1835 NE MIAMI GARDENS DRIVE, #157 Address MIAMI, FL33179 City/State and Zip Code clayd@thinkcdv.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAROON VENTURES LLC			
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited lorida document number L15000112009	Liability Company	y were filed on June 29th, 2015	and assigned
his amendment is submitted to amend the fo	Howing:		
. If amending name, enter the new name	of the limited liab	pility company here:	
AAROON 83 VENTURES LLC	-		
he new name must be distinguishable and contain the	words "Limited Liab:	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
	<u> </u>	N/A	
nter new mailing address, if applicable:		N/A	- 2
Mailing address MAY BE A POST OFFICE BOX)		N/A	f- !
		N/A	
			Ö
If amending the registered agent and/or ent and/or the new registered office addr	registered office : ess_here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:	N/A		· 5
New Registered Office Address:	N/A	-	
		Enter Florida street address	-
	NiA		NIA

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.

City

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	⊡Add
		IN/A	□Remove
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Effective data if other than the	data of filing.	N/A		
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the December 1.	ock does not meet the ap	plicable statutory filing	te than 90 days after filing.) requirements, this date v	Pursuant to 605 0207 (. will not be listed as th
ne record specifies a delayed effective ord is filed.	e date, but not an effectiv	e time, at 12:01 a.m. or	the carlier of: (b) The	: 90th day after the
February 26th Dated	2021			
	Signature of a phember of a	uthorized representative of	La member	