

L170000006478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

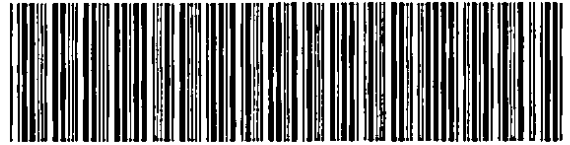
(Business Entity Name)

(Document Number)

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21 JAN 13 AM 9:43  
CLERK OF STATE  
STATE OF CALIFORNIA

Name Change

FEB 22 2021

D CUSHING

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

CARPE DIEM REAL ESTATE 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

CARPE DIEM VENTURES LLC

\_\_\_\_\_  
Firm/Company

1835 NE MIAMI GARDENS DR #157

\_\_\_\_\_  
Address

MIAMI, FL 33179

\_\_\_\_\_  
City/State and Zip Code

clayd@thinkcdv.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

21 JAN 19 AM 9:43  
FILED  
CLERK OF COURT  
JAN 19 2019

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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  
OF**

CARPE DIEM REAL ESTATE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 9th, 2017 and assigned  
Florida document number 117000006478.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MAROON REAL ESTATE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

NOT APPLICABLE

**(Principal office address MUST BE A STREET ADDRESS)**

NOT APPLICABLE

NOT APPLICABLE

**Enter new mailing address, if applicable:**

NOT APPLICABLE

**(Mailing address MAY BE A POST OFFICE BOX)**

NOT APPLICABLE

NOT APPLICABLE

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NOT APPLICABLE

New Registered Office Address:

NOT APPLICABLE

*Enter Florida street address*

NOT APPLICABLE

NOT APPLICABLE

*City*

**Florida**

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	NOT APPLICABLE	NOT APPLICABLE	<input type="checkbox"/> Add
		NOT APPLICABLE	<input type="checkbox"/> Remove
		NOT APPLICABLE	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NOT APPLICABLE

NOT APPLICABLE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 9th, 2021

  
Signature of a member or authorized representative of a member

CLAYTON DINGLE

Typed or printed name of signee