## L17000 129779

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## **COVER LETTER**

TO:

Registration Section

porations		
EQUITIES LLC	*	
	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ondence concerning this matter	to the following:	
CLAYTON DINGLE		
	Name of Person	<del></del>
MAROON VENTURES I	.J.C	
<del></del>	Firm/Company	
1835 NE MIAMI GARDI	ENS DRIVE. #157	
***	Address	
MIAMI, FL33179		
alay déinhisteada ann	City/State and Zip Code	
-	to be used for future annual report not	ification)
		,
f Person	at () Area Code Daytim	te Telephone Number
ne following amount:		
☐ \$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)
<u>s:</u> Section orporations	Street Address: Registration Sed Division of Cor	
7 FL 32314	The Centre of T	-
	Amendment and fee(s) are substituted and fee(s)	Name of Limited Liability Company  Amendment and fee(s) are submitted for filing, ondence concerning this matter to the following:  CLAYTON DINGLE    Name of Person

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAROON EQUITIES LLC

(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Florida document number L17000129779	Liability Company	were filed on	e 14th, 2017	and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company he	re:		
MAROON 83 EQUITIES LLC			<del></del>		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbr	reviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STREET ADDRESS)		N/A		202	
		N/A		# TI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		-3 [	
		N/A	- <del></del>	- <del>1</del>	
		N/A	<del></del>	<u>ယ</u>	
B. If amending the registered agent and/or agent and/or the new registered office addronament of New Registered Agent:	registered office : ess here: N/A	address on our re	cords, <u>enter the name</u>	of the new register	
New Registered Office Address:	N/A				
		Enter Flori	la street address		
	N/A	A			
N 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		City		Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registent filled to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete istered agent as p registered office	ee to act in this co performance of r provided for in C	ny duties, and I am fan hapter 605, F.S. Or, if	niliar with and This document is	
	If Char	Noging Registered Age	A nt, Signature of New Regist	tered 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

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fective date, if other than the da	te of filing:	N/A	(optional)		
Tective date, if other than the date neglective date is listed, the date must be tee:  If the date inserted in this block	specific and cannot be prior to does not meet the applicab	date of filing or more to te statutory filing re-	han 90 days after filing j quirements, this date	) Pursuant t will not b	o 605,020° e listed a:
cument's effective date on the Depa	rtment of State's records.				
ecord specifies a delayed effective da	ate, but not an effective time	c, at 12:01 a.m. on tl	he earlier of: (b) The	e 90th day	after the
is filed.			·		
February 26th ted	2021				
		- <b>*</b>			
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