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Special Instructions to	Filing Officer:	····
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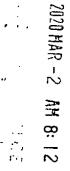
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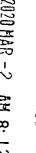


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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: MA	RPEN VENTUR	ES LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Virginie	MARTIN Name of Person	
	MARPE	N VENTURES, LL	۷
	14016 S.	W. 132 AVENUE	<u>:</u>
	Miami,	FLORIDA 331 City/State and Zip Code	86
		@ G MAIL.COM o be used for future annual report notification	
For further information of	concerning this matter, please ca	ill:	
ViRGINIA Name o	MARTIN of Person	at (<u>305</u>) <u>785 S</u> Area Code Daytime Tele	5513 ephone Number
Enclosed is a check for t	he 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 Address Registration 1 Division of C	Section Corporations	Street Address: Registration Section Division of Corpora The Centre of Talla	ations
P.O. Box 632	<u> </u>	ine Centre of Talla	nassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARDEN VENT	ures, LLC				
MARPEN VENT (Name of the Limited Liability (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability C	ompany were filed on	02/19/20	an	id assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	signation "LLC" or the ab	breviation	on "L.I.	.C.
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)			202	
		·	· · ·) MAR -2	
Enter new mailing address, if applicable:				10 	· · · · ·
(Mailing address MAY BE A POST OFFICE BOX)				<u>⇔</u>	
				~	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	cords, <u>enter the nam</u>	e of th	e new	registere
Name of New Registered Agent:					
New Registered Office Address:	Enter Florid	la street address			
		, Florida			
-	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
AMBR	Virginia E. Martin	14016 SW 132 AVE	&AAdd
			Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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<u>iote:</u> If	tive 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 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the date on the Department of State's records.
record : d is filed	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 d.
ated _	02/28/20 . 2020 .
	O2 28 20 . 2020. Ouginia E. Mustin Signature of a member or authorized representative of a member
	O

Filing Fee: \$25.00