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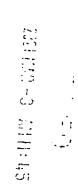
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Se Division of Co			
veles ce		FTRADING LLC		
SUBJE	CCT:	Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		CLAYTON DINGLE		
	•		Name of Person	
		MAROON VENTURES I	J.C	
			Firm/Company	
		1835 NE MIAMI GARDI	ENS DRIVE, #157	
			Address	
		MIAMI, FL 33179		
		clayd@thinkedv.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For furt	her information c	oncerning this matter, please ca	all:	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	d is a check for th	ne 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 Section
Division of Corporations P.O. Box 6327 Tallabareas El 22214

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite)	d Liability Compa A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia $\frac{L20000175858}{L20000175858}$	bility Company	were filed on June 24th, 2020	and assigned
his amendment is submitted to amend the follow	ving:		
a. If amending name, enter the new name of t	the limited liab	ility company here:	
MAROON 83 TRADING LLC			
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
		N/A	<u> </u>
		N/A	
		N/A	
		N/A	_
		N/A	
 If amending the registered agent and/or reggent and/or the new registered office address 	gistered office ; here:	nddress on our records, enter the nan	ne of the new regi
Name of New Registered Agent:	N/A		: : . : . :
New Registered Office Address:	N/A		F1
	N/A	Enter Florida street address N , Florida	· 표 /A: 중
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

A CADOSONI TELANDARIO EL C

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.

N/A	
If Changing Registered Agent, S	ignature 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	∩ s.ua
		N/A	□Add
		NT/ A	□Remove
		N/A	□Change
			□ Add
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fective date, if other than the dat an effective date is listed, the date must be	te of filing:	N/A	(optional)	40.5.00.00
ote: If the date inserted in this block	does not meet the applies	able statutory filing requ	an 90 days after filing.) Pursuant uirements, this date will not b	to 605,0207 (re-fisted as t
ocument's effective date on the Depar	rtment of State's records.			
	ate but not un effective ti	me at 12:01 a.m. on the	e earlier of: (b) The 90th day	after the
record specifies a delayed effective da			, , , , , , , , , , , , , , , , , , , ,	
record specifies a delayed effective da is filed. February 26th	2021			
	2021	·		
is filed. February 26th nted			nember	