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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

MAROON 83 TRADING 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 83 VENTURES LLC Firm/Company 14651 BISCAYNE BLVD #346 Address N MIAMI BEACH, FL 33181 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: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 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

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MAROON 83 TR	ADING LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on clability Company)	our records.)		
The Articles of Organization for this Limited L L20000175858		were filed on	th. 2020	and assigned	
This amendment is submitted to amend the following	lowing:				
A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company here:			
MAURIS TRADING LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A			
		N/A			
		N/A			
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE BOX)		N/A			
		N/A 			
B. If amending the registered agent and/or agent and/or the new registered office addressed agent: Name of New Registered Agent:	ess here:	address on our recor	ds, <u>enter the name of</u>	the new registo	
N. D. L. LOG ALL	14651 BISCAYNE BLVD #346			, .	
New Registered Office Address:		Enter Florida si	reet address	<u>'</u>	
	N MIAMI BEA	ACH	33181 . Florida	2:	
		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.

f 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	
		N/A	
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	date, if other than	, thu data of fili	N/A		(0)	otional)	
reffect <u>te:</u> If	ive date is listed, the date the date inserted in th t's effective date on the	e must be specific ar his block does not	nd cannot be prio meet the applic	able statutory fil	more than 90 days a	fter filing.) Pursuant to	605.020 listed a
cord s s filed	pecifies a delayed eff	ective date, but no	ot an effective t	ime, at 12:01 a.n	n, on the earlier of	(b) The 90th day	after the
Ju ed	ne 22nd		2021				
			\bigcirc				
		Signatura at	(layt.	orized representati	va at a mombor	_	_

E-P E- 035-04