L04000093140

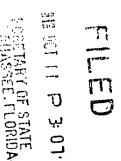
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2016

TIMOTHY ENNEKING 8263 CAMINO DEL ORO, UNIT 381 LA JOLLA, CA 92037 US

SUBJECT: ENNEKING ASSET MANAGEMENT LLC

Ref. Number: L06000093140

We have received your document for ENNEKING ASSET MANAGEMENT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 916A00019317

2017 OCT 11 PH 12: 35

COVER LETTER

TO:	Registration Se Division of Cor			
CHD IE	Enneking A	Asset Management		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Timothy Enneking		
			Name of Person	
		Enneking Asset Manageme	ent	
			Firm/Company	
		8263 Camino del Oro, Uni	it 381	
			Address	
		La Jolia, CA 92037		
			City/State and Zip Code	
		enneking@gmail.com	to be used for future annual report notifi	cation
For furth	er information c	oncerning this matter, please ca	•	carony
Timothy	Enneking		561 506-6656 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
= \$25.0	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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 21 Florida document number H06000233954 3 This amendment is submitted to amend the following:		and :	***
Florida document number H06000233954 3	, 2006	and	
Florida document number H06000233954 3			assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liability company here:			
Crypto Asset Management LLC			
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "l	LLC" or the ab	breviation	"L,L.C."
Enter new principal offices address, if applicable:		•	
Principal office address MUST BE A STREET ADDRESS)	1 3 1 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ar i	,
	720	resp.	7
Sadamana and the address of a contraction	رسي ا		П
Inter new mailing address, if applicable:	75 m		O
Mailing address MAY BE A POST OFFICE BOX)		<u>- ₩</u> -	
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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 = Ms $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			□ Add
			☐ Remove
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ective date, if other than the	date of filing: be specific and cannot be prior to date of filing or more	(optional)
te: If the date inserted in this blo	ck does not meet the applicable statutory filing r	requirements, this date will not be list
ument's effective date on the De	partment of State's records.	
record specifies a delayed	effective date, but not an effective tin	ne at 12:01 a.m. on the earli
he 90th day after the reco		ne, at 12.01 a.m. on the carm

August 29	2016	
		, ~
	Signature of a member or authorized representative of	famember - 7 - 1
		ramemoer Syr Salar
Timothy Enneking		
	Typed or printed name of signee	To P
		91 W

Filing Fee: \$25.00