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FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY IN HIME TALLAHASSEE, FL

March 11, 2022

LUIS LOPEZ 3300 NW 110TH ST MIAMI, FL 33167

SUBJECT: DEGEN CRYPTO VENTURE LLC

Ref. Number: L21000523185

We have received your document for DEGEN CRYPTO VENTURE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Letter Number: 722A00005806

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

.:	(COVER LETTER	
Division of Corp	porations	1	
SUBJECT:	And the services of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: The services of Person Degen (Lef pto Venture (Lefermy Company) 3300 NW 1107# Standardess Miami, FC 33/67 City/State and Zip Code Levis (Q. g. d. Levis (L. d. he used for future annual report notification) Turther information concerning this matter. please call: Levis Lopez at (1888) 21 9 - 45 44 Area Code Daytime Telephone Number 100 Sed is a check for the following amount: \$25.00 Filing Fee		
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	_ Ruis L	Openation of Person	
	Degen (ref pto Ventiers	e le
	3300 NW	Address	
	Leus @ golus E-mail address: (1)	City/State and Zip Code GL-16-10 Obe used for future annual report notif	ication)
Luis	oncerning this matter, please ca	11:	
Name o	f Person / O	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee			*

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OP 2022 MAR 31 PM 2: 22

Dyen Cupto Venture L.C. SECRETARY OF STATE

(Name of the Rimited Liability Company as it now appears on our page A. HASSEE, FL

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed on 12/13/21	and assigned
Florida document number <u>L21000523185</u>	' /	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC	" or the 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)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	w .
	rı.	orida
	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>	<u>Address</u>	Type of Action
<u>p</u> _	Luis Lopz	3300 NW 110TASF MIGMI, FC 33167	16 Add
	J	MIAMI, FC 33167	□Remove
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<u>P.</u>	Co Hub Group Hold	lings (NP 3300 NW 110+45 Miami, FC 33167	→ □Add
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ffective date	e, if other than the date of filing: (optional)	
an effective date ote: If the date	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.	605.0207 listed as
•	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
l is filed.		
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Dated	W/w V	
Dated	Signature of a member or authorized representative of a member	

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