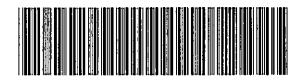
422000264016

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Secti- Division of Corpo	on rations		
SUBJECT:	Bit (Din Name of Limi	Exchange ted Liability Company	LLC
The enclosed Articles of An	nendment and fee(s) are subt		
Please return all corresponde	ence concerning this matter t	o the following:	
	La	Name of Person	diquez
		Firm/Company	
	<u>1001 Sh</u>	105 av	e Aptlo8
	Minmi	FL 3	1 Quhou-com
	E-mail address: (t	10 dr'g vez 21	d yahoo-com
	cerning this matter, please ca	H:	
Carlos	Rodriguez	at (<u>786</u>) _ 2	\$3 - 1907 Paytime Telephone Number
	-		
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bitcoin	Exchange - CTL8 AH 7:39
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	ompany were filed on $06 - 09 - 2022$ and assigned
Florida document number <u>LZZ060Z6 401</u> 1	<u>6</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here: Company Comp
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "ILLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	PESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	I office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	Florida
	City Zin 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	**		
			□Remove
			□Change
			□Remove
			⊡Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			Remove
		 	□Change
			□Add
			□Remove
			□ Chanue

Page 2 of 3

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Note:	ve date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	06-21-2022.
	Signature of a member or authorized representative of a member Callos Typed or printed name of signee
	1/1

Page 3 of 3

Filing Fee: \$25.00



September 30, 2022

CARLOS RODRIGUEZ 1001 SW 105 AVE APT 108 MIAMI, FL 33174

SUBJECT: BITCOIN EXCHANGE, LLC

Ref. Number: L22000264016

We have received your document for BITCOIN EXCHANGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Anissa Butler Regulatory Specialist II

Letter Number: 022A00021761