

105000015630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

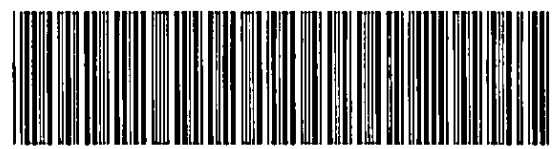
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN 22 P 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. SCOTT
JAN 22 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2018

RANDY ZALIS
8273-D SW 90 ST
OCALA, FL 34481

RECEIVED
JAN 22 2018

SUBJECT: Z BROS. PROPERTY GROUP, LLC
Ref. Number: L05000015630

We have received your document for Z BROS. PROPERTY GROUP, 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):

Name unavailable, please choose alternate name. The conflict document number is P18000002228.

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

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

Dionne M Pijoux
Regulatory Specialist

Letter Number: 918A00000635

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Hi, Dionne. I inserted the updated
Name change: Bitcoin USA1, LLC.

Thanks!

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2 Bros. Property Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/16/16 and assigned
Florida document number L05000015630

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bitcoin USA, LLC

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

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 TALLAHASSEE COUNTY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

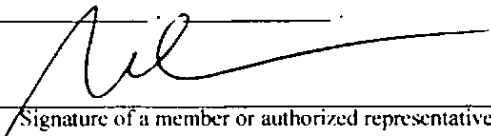
Lined area for amending information.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 1/5/18


Signature of a member or authorized representative of a member

Randy B ZALIS, MGRM
Typed or printed name of signee