

# L09000000217

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

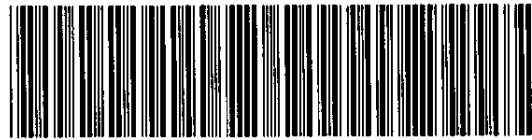
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 DEC 18 PM 4:29  
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FILED  
14 DEC 18 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 23 2014

T. HAMPTON

CSC

ACCOUNT NO. : I20000000195

REFERENCE : 427087 7743025

AUTHORIZATION :

*Handwritten signature*

COST LIMIT : \$ 25.00

ORDER DATE : December 18, 2014

ORDER TIME : 2:53 PM

ORDER NO. : 427087-010

CUSTOMER NO: 7743025

DOMESTIC AMENDMENT FILING

NAME: POINTSLOCAL LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY

XX PLAIN STAMPED COPY

       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_



RECEIVED  
DEPARTMENT OF STATE  
14 DEC 22 PM 1:51

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 19, 2014

CSC  
COURTNEY WILLIAMS

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: POINTSLOCAL LLC  
Ref. Number: L09000000217

We have received your document for POINTSLOCAL 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) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 814A00026861

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

PointsLocal LLC

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

FILED  
14 DEC 18 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 2, 2009 and assigned  
Florida document number L09000000217.

This amendment is submitted to amend the following:

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

Bitgum LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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

City, Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 22, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**Michael Schlein**  
\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
14 DEC 18 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA