15000104585

(Re	equestor's Name)	· <u></u>
(Ad	ldress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	



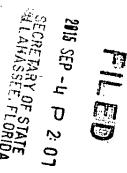
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COVER LETTER •

TO: Registration Sect Division of Corpo		:
Steed Realty SUBJECT:		
SUBJECT.	Name of Limited Liability Company	_
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ndence concerning this matter to the following:	
	Ryan Beckett	
	Name of Person	_
	Steed Realty, LLC	
	Firm/Company	
	11311 Pond View Drive C102	
	Address	
	Wellington, FL 33414	
	City/State and Zip Code	-
	ryan@ryanbeckett.com E-mail address: (to be used for future annual report notification)	_
For further information con	oncerning this matter, please call:	
Ryan Beckett	561 301-6337 at ()	
Name of		ber
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ied Copy onal 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 TO ARTICLES OF ORGANIZATION **OF**

Steed Realty, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000104585</u>	were filed on 6/16/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
BitRealty, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	241 Malverne Road	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33405	
Enter new mailing address, if applicable:	241 Malverne Road	
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33405	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the ne
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	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and I a	ım familiar with and

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

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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			Remove
			Change
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Effecti	ve date, if other than the date of filing: (optional)	
If a CC	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	5.0207 (3)
Note:	ent's effective date on the Department of State's records.	ed as the
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