

LIB000006881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

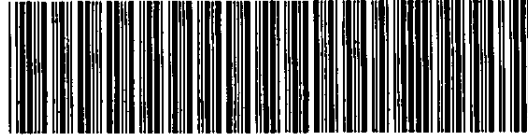
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200282621682

16 MAR -2 PM 2:23

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/02/16--01009--017 **25.00

MAR 03 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R & R CRYPTO EXCHANGERS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD DESMANGLES

Name of Person

R & R CRYPTO EXCHANGERS LLC

Firm/Company

10524 MOSS PARK RD Ste 204 221

Address

ORLANDO, FL 32832

City/State and Zip Code

rrcryptoex@gmail.com

E-mail address: (to be used for future annual report notification)

16 MAR -2 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

RICHARD DESMANGLES

Name of Person

at (347) 458-2636

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

R&R CRYPTO EXCHANGERS 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 01/11/2016 and assigned
Florida document number L16000006881.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR -2 PM 2:23

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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	RICHARD LEBMARGLES	10524 MOSS PARK RD	<input checked="" type="checkbox"/> Add
		Ste 204 221	<input type="checkbox"/> Remove
		ORLANDO, FL 32832	<input type="checkbox"/> Change
MGR	ROGER LATIFF	10524 MOSS PARK RD	<input checked="" type="checkbox"/> Add
		Ste 204 221	<input type="checkbox"/> Remove
		ORLANDO, FL 32832	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAR - 5 PM
MAR 2 2016

16 MAR -2 PM 2:24

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.

Dated _____, _____

RICHARD DESMANGLES
Typed or printed name of signee