

L16000016458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

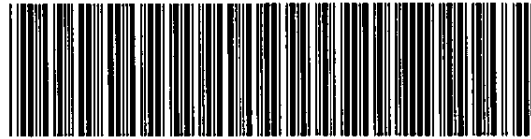
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
ALABAMA, FLORIDA

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FEB 04 2016

S MASON



Douglas M. Grom
Tel 312.476.5108
Fax 312.899.0387
gromd@gtlaw.com

February 2, 2016

VIA UPS

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

Re: Money Coin, LLC Articles of Amendment

Dear Sir or Madam:

Enclosed are two copies of the Articles of Amendment for Money Coin, LLC and a check made payable to the Florida Department of State in the amount of \$55.00 for the filing and certified copy fees. After filing the Articles of Amendment, please return the certified copy in the enclosed envelope.

Please contact me with any questions or if you need additional information.

Sincerely,

A handwritten signature in black ink that reads "Douglas M. Grom". The signature is written in a cursive, flowing style.

Douglas M. Grom

DMG/lcl
Enclosures

CHI 66643475v1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Money Coin, 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:

Douglas M. Grom

Name of Person

Greenberg Traurig, LLC

Firm/Company

77 W. Wacker Drive, Suite 3100

Address

Chicago, IL 60601

City/State and Zip Code

gromd@gtlaw.com

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

For further information concerning this matter, please call:

Douglas M. Grom

312 476-5108
at (_____) _____

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Money Coin, 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 01/20/2016 and assigned
Florida document number L16000016458.

This amendment is submitted to amend the following:

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

CryptoNet.US, 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

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TALLAHASSEE, FLORIDA

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>
MGR	Ruthie Barrows	3785 Sawgrass Drive	☐ Add
		Titusville, FL 32780	☒ Remove
			☐ Change
MGR	David K. McNulty	3785 Sawgrass Drive	☒ Add
		Titusville, FL 32780	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
ALLIANCE OF FLORIDA

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(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 G05.0207 (3)(b)

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 February 1, 2016

David K McNeil
Signature of a member of authorized representative of a member

David K. McNulty, Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA