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(Requ	estor's Name)	
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PICK-UP	WAIT	MAIL
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TALLARIASSEE, FLORID

COVER LETTER

TO: Registration S Division of Co					
	DATA CAPITAL LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	Jose Nicenboim				
		Name of Person			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	20900 NE 30th AVE Suite	200-27			
		Address		4 -	Z S
	Aventura, FL 33180). DEC	LAHA CREAT
		City/State and Zip Code		2	SS 7
	jenicenboim@gmail.com			P.	: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	E-mail address: (to be used for future annual report notific	ation)	င့်၁	ਾਂ <i>ਹ</i> ੀ ਹਵਾਜ਼
For further information	concerning this matter, please c	all:		0	
Jose Nicenboim		305 960-1197 at ()			7,70
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 Statu Certified Copy (additional copy is encle		

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

CRYPTO DATA CAPITAL LLC		
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on OCTOBER 30TH, 2016	_ and assigned
Florida document number L16000193587		
This amendment is submitted to amend the following:	·	
A. If amending name, <u>enter the new name of the limited liab</u>	nility company here:	
	7	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	EQUIPMENTS RENTAL & REPAIR LLC	<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		2-5 (A-SS-A)
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		38 3.77
		15
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		e name of the ne
CALLED THE PROPERTY AND THE PROPERTY OF THE PR	≖·	
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 **Type of Action** Title Name **Address** _□ Add □ Remove ☐ Change _□ Add □ Remove ☐ Change ယ့ ☐ Change _ 🗆 Add ☐ Remove □ Change ☐ Add ☐ Remove _□ Change _□ Add ☐ Remove

☐ Change

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fective date, if other than the date o	of filing: DECEMBER 1		(optional)
lective date, if other than the date o n effective date is listed, the date must be spec <u>ste:</u> If the date inserted in this block doe	cific and cannot be prior to o	date of filing or more than 90 da	ays after filing.) Pursuant to 605.03
cument's effective date on the Departme		e statutory minig requiremen	nis, this date will not be listed
record specifies a delayed effect	tive date, but not a	n effective time, at 12	2:01 a.m. on the earlier
The 90th day after the record is	filed.		
DECEMBED 1	2016		
ted	2016	1	
	PHICON	Alle	
	Town	ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00