

L170000 35645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 NOV -9 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 13 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GARAGE 75 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:

MITCHELL KATZ CPA

Name of Person

FREUND KATZ GOLDSTON YOUNG & CO P.A.

Firm/Company

210 N UNIVERSITY DRIVE STE #302

Address

CORAL SPRINGS FL 33071

City/State and Zip Code

MKATZ@TAX-DOCTOR.NET

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

For further information concerning this matter, please call:

MITCHELL KATZ CPA

Name of Person

954

at ()

Area Code

345-8666

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**

GARAGE 75 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 02/14/2017 and assigned
Florida document number L17000035645.

This amendment is submitted to amend the following:

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

CRYPTO REALM 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)

2000 Ponce de Leon Blvd.
Suite 600
Coral Gables, FL 33134

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

2017 NOV -9 PM 1:42
FILED
CLERK OF DISTRICT COURT
JANUARY 12 2017
TALLAHASSEE, FLORIDA

MGR = Manager
AMBR = Authorized Member

2017 NOV -9 PM 1:42
☐ Add
☐ Remove
☐ Change
☐ Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

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.

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 ✓ November 7th, ✓ 2017

Signature of a member or authorized representative of a member

ROBERT D. SCOTT

Typed or printed name of signer

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Filing Fee: \$25.00

11-11-68
2917 NOV -9 PM 1:42
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535
AIR MAIL
TO DIRECTOR, FBI
FROM SAC, NEW YORK (100-388611)
SUBJECT: JAMES EARL RAY, AKA
RE: NEW YORK TELETYPE TO BUREAU, 11/10/68