

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC
Account Number : I20200200116
Phone : (305)260-6962
Fax Number : (786)513-7810

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BITPLAY LLC

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Corporate Filing Menu

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September 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BITPLAY LLC
3111 N UNIVERSITY DR STE 105
CORAL SPRINGS, FL 33065US

SUBJECT: BITPLAY LLC
REF: L17000081804

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

FAX Aud. #: H20000330056
Letter Number: 620A00018256

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

BITPLAY 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 04/12/2017 and assigned
Florida document number L17000031804.

This amendment is submitted to amend the following:

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

TUDOLEGAL 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:

15805 BISCAYNE BLVD #201

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33160

Enter new mailing address, if applicable:

15805 BISCAYNE BLVD #201

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33160

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:

CSI RA LLC

New Registered Office Address:

15805 BISCAYNE BLVD #201

Enter Florida street address

AVENTURA

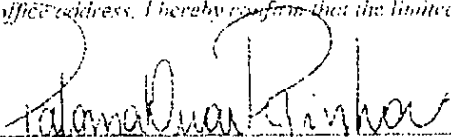
Florida 33160

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 effect 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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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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

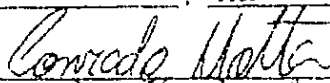
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 SEPTEMBER 14TH, 2020



Signature of a member or authorized representative of a member

CONRADO F NOGUEIRA MOTTA

Typed or printed name of signer

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