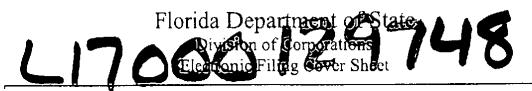
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : I2004000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

Email Address: Corporate @ pbyalaw. com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIT2BIT AMERICAS LLC

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2022 AUG - 4 PH 2: 59 SECRETARY OF STATE FALLAHASSEE, FLORING

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Corporate Filing Menu

Help

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	BIT2BIT AMER ted Liability Compa- (A Florida Limited L	.ICAS LLC nv as it now appears on our re liability Company)	cords.)				
The Articles of Organization for this Limited I. Florida document number L17000129748	iability Company	were filed on 06/14/2017		_ and assi	gned		
This amendment is submitted to amend the following	lowing:						
A. If amending name, enter the new name of	of the limited liab	ility company here:					
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	'LLC" or the abbre	eviation "L.1	C."		
Enter new principal offices address, if appli	cable:	6911 Cairnwell Dr					
(Principal office address MUST BE A STREE		Boynton Beach				_	
(Principal office address Prost 1927, 531, 531, 531, 531, 531, 531, 531, 531	7	Florida 33472					
Enter new mailing address, if applicable:		6911 Cairnwell Dr				_	
(Mailing address MAY BE A POST OFFICE	new mailing address, if applicable:						
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	address on our records, e	nter the name	of the new	r regist	ered	
Name of New Registered Agent:	PBYA Corpora	ate Services, LLC			22 A	_	
New Registered Office Address:	200 S. Andrew	's Ave, Suite 600	·	S. T.	9	- المد المد	77
New Registering Office Flagress.		Enter Florida street a			t PM	LLED	4 0 Y,
	Fort Lauderdal	Ciry	_, Florida <u></u>	Zin Core	<u>~</u>	- ;	J¥€U
New Registered Agent's Signature, if changing	Registered Agent:	•			÷ 5 9		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	red agent and agr per and complete pistered agent as	ree to act in this capacity. performance of my dutie provided for in Chapter (es, ana 1 am ja 605, F.S. Or, ij	miticir wit f this docu	ın ana ıment i		

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

Title	Name	<u>Address</u>	Type of Action
MGR	Manuel Borja	6911 Caimwell Dr	□Add
		Boynton Beach	□Remove
		Florida 33472	≡ Change
MGR	Aracelli Biles	6911 Caimwell Dr	□Add
	Boynton Beach	□Remove	
	Florida 33472		
			□Remove
			Change
			□Remove
			Change
			[JAdd
			□Remove
			CiChnnge
			□Add
			Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
•	
•	
,	
Note	tive date, if other than the date of filing:
he rece ord is	ord 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 filed.
Data	August 3 2022
Date	
	Signature of a prember or authorized representative of a member
	Ricardo Bajandas, Authorized Representative
	Typed or printed name of signee

Filing Fce: \$25.00