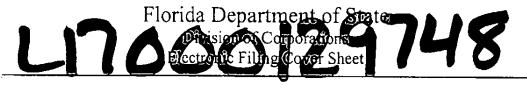
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

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

Account Number : I20040000167 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 @ phyalaw. Com

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

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIT2BIT AMERICAS LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on June 14, 2017	and assigne	d
Florida document number L17000129748			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."	.—
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		.,. <u></u> .	
(Mailing address MAY BE A POST OFFICE BOX)			
		0.11	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ie of the new re	gisterea
The state of the s		023	
Name of New Registered Agent:		H.A.	
Malife of New Registered Agent.			;
New Registered Office Address:	Enter Florida street address		
	Emer Florida Sireet dadress	Æ	ممد
	, Florida	Zip Code	
	City	Zip Coae UT	

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 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>	Name	Address	Type of Action
MGR	VENEGAS, ARACELLI	6911 CAIRNWELL DR.	■Add
		BOYNTON BEACH, FL 33472	□Remove
			Change
MGR	BILES, ARACELLI	6911 CAIRNWELL DR.	DAdd
		BOYNTON BEACH, FL 33472	■Remove
			□Change
			CIRemove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this socument's effective date on the	prock does not meet the app	dicable statutory filing r	equirements, this date will n	ant to 605,0207 ot be listed as
record specifies a delayed effect. Lis filed.	ive date, but not an effectiv	e time, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
	2023			
ated May 12	 , 	, -		
ated May 12	Knul L. II.	thorized representative of		

Filing Fee: \$25.00