L17000129748

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration'S Division of Co		
	AMERICAS LLC	y
SUBJECT:	Name of Lin	rited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
	ondence concerning this matter	•
7.100.00 (00.00.00)		and the same same.
	MANUEL BORJA	
		Name of Person
	BIT2BIT AMERICAS LL	.c
•		Firm/Company
	6911 CAIRNWELL DR.	
		Address
	BOYNTON BEACH, FL	33472
		City/State and Zip Code
	manuel.borja@bit2bitamer	
		to be used for future annual report notification)
For further information of	concerning this matter, please c	alt:
MANUEL BORJA		786 682-7075 (S)
Name o	of Person	at () Area Code Daytime Telephone Number
		ر به
Enclosed is a check for t	he following amount:	-0 1
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:
Registration Division of (Registration Section Division of Corporations
P.O. Box 633	27	The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DΙ	IT2BI	T A	3.41	CDI	C. V	CE	1	r
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company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Li	ability Company)			
The Articles of Organization for this Limited Li Florida document number <u>L17000129748</u>	iability Company v	were filed on <u>06/14/2017</u>		and	assigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
BIT2BIT AMERICAS LLC					
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation "I	LLC" or the ab	breviation	"L.1C."
Enter new principal offices address, if applic	able:	N/A			
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or registered office address	egistered office ac		ter the nam	e of the	
Name of New Registered Agent:	MANUEL BOK	JA			-
New Registered Office Address:	6911 CAIRNWE			(1) II	- (
	BOYNTON BEA	Enter Florida street add	dress Florida 334	172	·
		City		Zip Cod	de
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the inferior of the state of th	d agent and agre er and complete p stered agent as pi	performance of my duties rovided for in Chapter 60	, and I am fo 05, F.S. Or.	amiliar v if this do	with and ocument is

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

<u>Title</u>	Name	Address	Type of Action
N/A			🗆 Add
			□Remove
			□Change
	A		🗆 Add
			□Remove
			□ Change
			□ Add
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Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific an s block does not	id cannot be prior to d meet the applicable	late of filing of	or more than 90 days after	filing.) Pursuant to 6	05.0207 (sted as tl
e record specifies a delayed effe d is filed.	ctive date, but no	ot an effective time	. at 12:01 a.:	m. on the earlier of: (b) The 90th day of	ter the
December 24		2024		PHZZ	>	
	Signature of a	member or authorize	ed representa	tive of a member		
MANUEL BORJA						

. . . .

Filing Fee: \$25.00