

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOUBLE YOUR BITCOIN 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:

THOMAS ARMOUR
Name of Person

Firm/Company

5615 MAJOR BLVD.
Address

ORLANDO / FLORIDA / 32819
City/State and Zip Code

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

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17 JUL 18 PM 3:35
REGISTRATION SECTION
MAIL ROOM

For further information concerning this matter, please call:

THOMAS ARMOUR at (407) 715-2152
Name of Person Area Code 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**

DOUBLE YOUR BITCOIN 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 JUNE 22, 2017 and assigned Florida document number L17000136478.

This amendment is submitted to amend the following:

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

MASTER COIN PLUS 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)

5323 MILLENIA LAKES BLVD
SUITE 300
ORLANDO, FLORIDA 32839

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5323 MILLENIA LAKE BLVD.
SUITE 300
ORLANDO, FL 32839

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

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 JULY 05, 2017

Handwritten signature of Thomas J. Armour

Signature of member or authorized representative of a member

THOMAS J. ARMOUR

Typed or printed name of signee

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Certificate of Status

I certify from the records of this office that DOUBLE YOUR BITCOIN LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on June 22, 2017, effective June 17, 2017.

The document number of this company is L17000136478.

I further certify that said company has paid all fees due this office through December 31, 2017, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 170626111817-700300669337#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty Sixth day of June, 2017



Ken Detzner
Ken Detzner
Secretary of State