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MAY 1 9 2021 R. HUNT

COVER LETTER

	ion Section , of Corporations
SUBJECT: The	ion Equity
	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Eric Kingsley
	Name of Person
	Therion Equity
	Firm/Company
	PO Box 180423
	Address
	Casselberry, FL. 32707
	City/State and Zip Code
	erickingsley77@gmail.com E-mail address: (to be used for future annual report notification)
For further inform	tion concerning this matter, please call:
Eric Kingsley	at (407) 2198453
3	ame of Person Area Code Daytime Telephone Number
Enclosed is a chec	for the following amount:
☑ \$25.00 Filing l	Tee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

Therion Equity LLC			
(Name of the Limite	d Liability Company as it A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Li.	ability Company were t	liled on 09/21/2017	and assigned
Florida document number 82-2860767			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	
Therion Capital LLC			
The new name must be distinguishable and contain the we	ords "Limited Liability Con	pany," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		2
(Principal office address MUST BE A STREET	(ADDRESS)		
			20
Enter new mailing address, if applicable:			3
(Mailing address MAY BE A POST OFFICE BOX)			13 (1)
			0.7
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office acice address here:	dress on our records, ent	er the name of the new
Name of New Registered Agent:	Registered Agen	ts Inc.	
New Registered Office Address:	7901 4th St N ST	E 300	
-		Enter Florida street address	
	St. Petersburg	Florida	33702
	Cit	r.	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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			
			□ Remove
			Change
			□ Remove
			Change
	· ·		Add
			□ Remove
			Change
			Add
			Remove

_□ Change

	
Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Febuary 27th 2021
	·

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Typed or printed name of signee

Filing Fee: \$25.00