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(Re	questor's Name)	
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COVER LETTER

Divisio	n of Corp	oorations		
BI' SUBJECT:	TCOIN B	ANK PRO LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	ndence concerning this matter	to the following:	
		Michael J. Faehner. Esq.		
			Name of Person	
		M Faehner Esq LLC		
		.	Firm/Company	
		600 Bypass Drive, Suite 10	00	
			Address	
		Clearwater, Fl 33764		
			City/State and Zip Code	
		filings@mfachner.com	to be used for future annual report notif	• · · · · · · · · · · · · · · · · · · ·
			·	icanon)
For further infor	mation co	ncerning this matter, please co	all:	
Michael Faehne			727 443-5190 at ()	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a ch-	eck for th	e following amount:		
■ \$25.00 Filin	g 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:

TO:

Registration Section

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

BITCOIN BANK PRO LLC		
(Name of the Limite)	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	bility Company were filed on September 27, 2017	and assigned
Florida document number L17000200520	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
BITCOIN VAULT LLC		
he new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office <u>address MUST BE A STREE</u> T	ADDRESS)	
Enter new mailing address, if applicable:		
5		
<u>Mailing address MAY BE A POST OFFICE E</u>	<u> </u>	
	r registered office address on our records, ente	r the name of the
egistered agent and/or the new registered off	ice address here:	7. 10. 10.
) (1)
Name of New Registered Agent:		S 1
New Registered Office Address:		TO A
	Enter Florida street address	100
	Florida _	R 5
	City	Zin 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
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ective date, if other than the deffective date is listed, the date must	late of filing: _	not be prior to	a date of filing	vr more than 90 ds	(optional)	necessare to	. 60 5 01
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record specifies a delayed he 90th day after the reco		e, but not	an effectiv	e time, at 12	2:01 a.m. or	the ea	arlier
ed September 28	2 	017	_ ·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00