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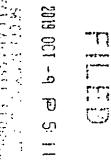
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COVER LETTER

TO: **Registration Section Division of Corporations** SIP INVEST HOLDING, LLC SUBJECT: __ 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: Susanne Leone Name of Person Leone Zhgun, P.A. Firm/Company 100 SE 2nd Street, Suite 2000 Address Miami, FL 33131 City/State and Zip Code sleone@leonezhgun.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susanne Leone 305 5376141 Daytime Telephone Number Name of Person

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIP INVEST HOLDING, LLC	
(<u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on bur records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 200 1600 179 P 5: 11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Masternodes Technology, LLC	
The new name must be distinguishable and contain the words "L	imited 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 ADI	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, <u>enter the name of the new ddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

' <u>or removed</u>	<u>from our records</u> :		
MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00