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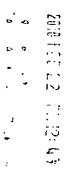
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## **COVER LETTER**

TO:	Registration So Division of Co		· ,	
SHRII	CRYPTO!	MANIA LLC		
оову.			nited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JAVIER ANDRES SUNE	MENENDEZ	
		<del></del>	Name of Person	<del></del>
		CRYPTO MANIA LLC		
			Firm/Company	
		7928 EAST DR #305.		
			Address	
		NORTH BAY VILLAGE	FL 33141	
			City/State and Zip Code	
		CRYPTOMANIALLC@G		
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please co	all:	
JAVIE	R SUNE MENEN		786 899-7848 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$25	5.00 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**

CRYPTO MANIA LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our red Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number L17000241808	uny were filed on JANUARY	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
TAO SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Li	iability 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)	)	26.
Enton nove mailing address if anniisable.		- 10
Enter new mailing address, if applicable:		• :
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	· · · · · · · · · · · · · · · · · · ·
	<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, <u>enter the name of the</u>
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		
	Enter Florida street a	address
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	

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 i	•
AMBR =	Authorized	Member

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Filing Fee: \$25.00