L18000044987

(Req	uestor's Name)	
(Add	ress)	
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(City/	State/Zip/Phon	e #)
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COVER LETTER

Division o	f Corporations		
SUBJECT:	SECURITY TOKEN PARTNE	RS, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	DAVID H. SALMON		
		Name of Person	
	SALMON LEGAL GROU	JP,P.L.	,
		Firm/Company	
	1395BRICKELL AVENU	JE, STE800	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	u u
	FILINGS@SALMONLEG	AL.COM to be used for future annual report notil	ication)
For further informat	ion concerning this matter, please ca		,
DAVID H. SALMO	ИС	786 508-2020	
N.	ame of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee S30.00 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

SECURITY TOKEN PARTNERS,LLC			
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	2/20/2018	and assigned	
lorida document numberL18000044987			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :		
he new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.	C."
nter new principal offices address, if applicable:			 ;
Principal office address MUST BE A STREET ADDRESS)			₹g
		ĪIJ	Ź:
		-9	95
nter new mailing address, if applicable:			ದ್ದಾ
Mailing address MAY BE A POST OFFICE BOX)		<u>. </u>	
		20	:
8. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		the name of	the
Enter Florid	a 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>	Address	Type of Action
MGR	EARL ROBINSON		
		1840 NORTH COMMERCE PARKV WESTON, FL 33326	
			Change
			□ Remove
			Change
		_	Add
		□ Remove	
			Change
			Add
		☐ Remove	
		Change	
		□ Remove	
			Change
		Remove	
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
DIVISION:
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<u></u>
E. Effective date, if other than the date of filing: (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 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.
f 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
DAVID H, SALMON
Typed or printed name of signee

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Filing Fee: \$25.00