LIF0001 22825

Office Use Only



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COVER LETTER

	egistration Se ivision of Cor										
CUDICCT		Name for The Money Pot LLC									
Name of Limited Liability Company											
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.								
Please retu	m all correspo	ndence concerning this matter	to the following:								
		Michel Faleni									
			Name of Person								
		The Money Pot LLC									
			Firm/Company								
		11319 NW 44th Terrace									
			Address								
		Doral, FL 33178									
			City/State and Zip Code								
		faleniscrypto@gmail.com	· · · · · · · · · · · · · · · · · · ·	• · · · · · · · · · · · · · · · · · · ·							
For further	information co	e,-man address: (oncerning this matter, please of	to be used for future annual report notituall:	icanon)							
Michel Fa	leni		305 302-5233								
	Name of	Person	Area Code Daytime	: Telephone Number							
Enclosed is	s a check for th	e following amount:									
\$25.(X)	Filing Fee	□ \$30 (0) 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

The Money Pot LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	upany as it now appears on our records.) led Liability Company)		_
The Articles of Organization for this Limited Liability Compa Florida document number $\frac{L18000122825}{L18000122825}$.	any were filed on 05/16/2018	and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
CryptoCraze LLC		J 10	60
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the al	obseviation	逼.c.
Enter new principal offices address, if applicable:		÷. -	- - -
Principal office address MUST BE A STREET ADDRESS)). 	
			115
		3:	64
Inter new mailing address, if applicable:		, gr	
Mailing address MAY BE A POST OFFICE BON			
			
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		the nan	ie of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Cuv	Zip Cod	i k

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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			□ Add
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he 90th day				>			·					
June 1st	~			2018								
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Typed or printed name of signee

Filing Fee: \$25.00