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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

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T. Helpelly

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COVER LETTER

TO: Registration S Division of Co					
TOKEN	ADVISORY NETWORK LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Cheyenne Maseley				
		Name of Person			
	Legalzoom.com, Inc.				
FirmeCompany					
	101 N Brand Blvd 11th Fl				
		Address			
	Glendale, CA 91203				
		City/State and Zip Code			
	Krishan569@gmail.com				
For further information	E-mail address: () concerning this matter, please of	to be used for future annual report not all:	incanen)		
Cheyenne Moseley		800 773-0888			
Name	of Person	Area Code Daytitt	ne Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 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 ARTICLES OF ORGANIZATION FILED

TOKEN ADVISORY NETWORK LLC		9694 BOV LE . ED . F. D.L	
TOKEN ADVISORY NETWORK LLC (Name of the Limited Liability Coin (A Florida Limite	pany as it now appears d Liability Company)	on our records:	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000145923</u> .	ny were filed on 06])	9(20) en Augli, Flooriand assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company her	<u>¢</u> :	
Alchemist Digital I I C			
The new mane must be distinguishable and contain the words "Limited Lie	ability Company," the de-	ignation "LLC" or the abbreviation "L L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:	<u>ere</u> :	our records, enter the name of the ne	
Name of New Registered Agent.			
New Registered Office Address:	Enter Floridastreet address		
	, Florida		
	Ciŋ'	, Florida ZipCode	
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	are performance of i as provided for in C	ny duries, and I am familiar with and hapter 605, F.S. Or, if this document is	
IFC	hanging Registered Ag	ent, 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>	<u>Address</u>	Type of Action
AMBR	Steven Correa	1101 Brickell Ave., N 1202 Miami, Florida 33131	■ Add
			☐ Remove
			Change
AMBR	Dana Lebel	1101 Brickell Ave., N 1202 Miami, Florida 33131	Add
			□ Remove
			_ □ Change
AMBR	Osear Correa	1101 Brickell Ave., N 1202 Miami, Florida 33131	⊟ Add
			Remove
			☐ Change
		***	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			D Add
			Remove
			Change

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Filing Fee: \$25.00