118000174304

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	7)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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07/30/18--01035--019 **25.00

SECRETARY OF STATE

K. SALY AUG -7 2018

COVER LETTER

	tion Section of Corporations		
Rea	lity Bytes LLC.		
	Name of Lim	nited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are sub-	unitted for filing.	
Please return all e	orrespondence concerning this matter	to the following:	
	Maria Lucas		
		Name of Person	
		Firm/Company	
	2103 NE 2nd ave.		
		Address	
	Cape Coral, FI 33909		
		City/State and Zip Code	
	LucasCryptoMining@gma		
	E-mail address: (to be used for future annual report notif	fication)
For further inform	ation concerning this matter, please ca	all:	
William Lucas		239 900-6100 at ()	
	Name of Person	Area Code Daytim	e Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing	Fee 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: 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



Reality Bytes LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan	y were filed on 07/19/2018	and assigned
Florida document number L18000174304		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	C" 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 he		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street addre	255
		lorida
	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
AMBR	Maria Lucas	2103 NE 2nd ave. Cape Coral, F	Add
			□ Remove
			□ Change
			Add
		 	☐ Remove
		- 	SECRETARISE TO
			HASSE BASSE F BASSE F
			HASSEE FLORIDA HASSEE FLORIDA
			Change
			□ Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change

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		P.C. P.
		HASSEE OF
		HOT E
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ffective date, if other than the date of filing:		(optional)
an effective date is listed, the date must be specific and cannot be properties. If the date inserted in this block does not meet the approximent's effective date on the Department of State's record	licable statutory filing requirement	
e record specifies a delayed effective date, but in The 90th day after the record is filed.	not an effective time, at 12	2:01 a.m. on the earlier o
07/20/2018		
	·	
Maria B 17 -co	thorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00