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COVER LETTER

		n Section Corporations			7	
SUBJECT	, SEC	URITY TOK	EN PLATFORM	1, LLC		
SOBJECT	•		Name of Lim	ited Liability Company		A Nimakor
The enclos	ed Article	s of Amendmen	nt and fee(s) are sub	mitted for filing.		
Please retu	rn all corr	espondence cor	ncerning this matter	to the following:		
		MAI	RK KAHN, ESQ.			
				Name of Person		
		PRIV	VATE ADVISING	G GROUP, P.A.		
			<u> </u>	Firm/Company		
		600	BRICKELLAVE	ENUE, SUITE 1725		
				Address		
		MIA	MI, FL 33130			
		1517	CON. C. L. 1997	City/State and Zip Code		
		INE	S@PAG.LAW E-mail address: (to be used for future annual	report notification)	
For further	informati	on concerning	this matter, please ca	all:		
MARK KAHN, ESQ.		at (786) 5	53-2369			
	Na	me of Person		Area Code	Daytime Teleph	one Number
Enclosed is	s a check (for the followin	g amount:			
2 \$25.00	Filing Fe		00 Filing Fee & rtificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$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

SECURITY TOKEN PLATFORM, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 07/25/2018 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned Florida document number _L18000179290 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SECURITY TOKEN MARKET, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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
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Typed or printed name of signee

Filing Fee: \$25.00