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COVERTEILER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations			
subject: <u>B</u> A	CH BROTHERS Name of Lim	AIR CONDITION/NG &	HEATING LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ÂONM W	NCHENBACH Name of Person	
	<u></u>	Firm/Company	
	_ 4074 SW 4	17TH AUE	
	Annaci	City/State and Zip Code	G0001 1 0 00
For further information c	E-mail address: () oncerning this matter, please ca	NINCHENBACT (C) to be used for future annual report noti	ification)
			7/07
Name o	CHENBACH Person	at (<u>352</u>) <u>266-</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	•		
☑ \$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 S Division of C	Section Corporations	Street Address: Registration Se Division of Cor	rporations
P.O. Box 632	7	The Centre of T	[allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BACH BROTHERS AIR CONDITIONION HEATING 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 Company were filed on ______ O \(\frac{12}{20} / \frac{9}{20} \) and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BLOCKCHAIN PROPERTIES LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "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 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

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>	Name	Address	Type of Action
			□Add
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Page 2 of 3

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, 11 211	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>Note</u>	fective date, if other than the date of filing: [Coptional] [Gettive 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 ([Coptional] [Co
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	SEPTEMBER 20. 2024.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00