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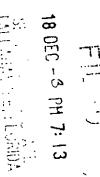
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## **COVER LETTER**

|             | legistration Se<br>Division of Cor |   |  |  |  |  |
|-------------|------------------------------------|---|--|--|--|--|
| SUBJEC"     |                                    | ekchain Innovation, L.L.C.                      |  |  |  |  |
| SOBJEC      | Name of Limited Liability Company  |   |  |  |  |  |
| The enclos  | sed Articles of .                  | Amendment and fee(s) are sub                    | mitted for filing.   |  |  |  |
| Please retu | ırn all correspo                   | ndence concerning this matter                   | to the following:  |  |  |  |
|             |                                    | Corey A. Steadman Jr                            |  |  |  |  |
|             |                                    |   | Name of Person   | <del>-</del>   |  |  |
|             |                                    | Tampa Blockchain Innova                         | tion, L.L.C.   |  |  |  |
|             |                                    | Firm/Company                                    |  |  |  |  |
|             |                                    | 2903 W. Bay Court Ave.                          |  |  |  |  |
|             |                                    | Address   |  |  |  |  |
|             |                                    | Tampa, FL 33611                                 |  |  |  |  |
|             |                                    | City/State and Zip Code                         |  |  |  |  |
|             |                                    | coreyasteadmanjr@gmail.com                      |  |  |  |  |
|             |                                    | E-mail address: (                               | to be used for future annual repo                                  | ort notification)  |  |  |
| For further | information co                     | oncerning this matter, please co                | all:   |  |  |  |
| Corey A S   | Steadman Jr                        |   | 813 300-3:   | 502  |  |  |
|             | Name of                            | Person  |  | Daytime Telephone Number   |  |  |
| Enclosed i  | s a check for th                   | e following amount:                             |  |  |  |  |
| \$25.00     | Filing Fee                         | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | 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



Tampa Blockchain Innovation, L.L.C.

(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 10/09/2018                              | and assigned  |
|--|---|---|
| Florida document number L18000239265   |   |   |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limited liabi   | ility company here:                                   |   |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity 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 of registered agent and/or the new registered office address here  Name of New Registered Agent:   |   | ords, enter the name of the new                                   |
| New Registered Office Address:   |   |   |
|  | Enter Florida street ad                               | ldress  |
|  | <del></del>   | , Florida   |
| No Burney and the second of th | City  | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |   |   |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change.  | performance of my duties<br>provided for in Chapter 6 | s, and I am familiar with and<br>05, F.S. Or, if this document is |
| If Chan  | ging Registered Agent, Signat                         | ure 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 |
|--------------|---|-------------------------------------|----------------|
| MGR          | Ferras, Ignacio A., III                 | 1153 Abbeys Way, Tampa, FL<br>33602 |                |
|              |   |                                     | Remove         |
|              |   |                                     | Change         |
| MGR          | Theresa Diane Ferras Revocable<br>Trust | 1153 Abbeys Way, Tampa, FL<br>33602 |                |
|              |   |                                     | Remove         |
|              |   |                                     | Change         |
|              |   |                                     |                |
|              |   | <del>-</del>                        | Rembye T       |
|              |   |                                     | Change         |
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| Effect            | ve date, if other than the date of filing:(optional)   |
| if an et<br>Note: | ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed: |
|                   | ent's effective date on the Department of State's records.   |
|                   |  |
|                   | ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.   |
|                   | 28 November 2018   |
| Dated             |  |
|                   | Con U. Steelun /   |
|                   |  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00