

5/25/22, 2:13 PM

Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mark@crowdfundingsource.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CROWN FUNDING SOURCE LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CROWN FUNDING SOURCE 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 10/25/2018 and assigned
Florida document number L18000250318.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Florida

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.

/s/

If Changing Registered Agent, Signature of New Registered Agent

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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> | <u>Type of Action</u> |
|--------------|------------------|--------------------------|--|
| AMBR | Efraim Roth | 4000 Hollywood Boulevard | <input type="checkbox"/> Add |
| | | Suite 520N | <input type="checkbox"/> Remove |
| | | Hollywood, FL 33021 | <input checked="" type="checkbox"/> Change |
| AMBR | Yoel Berkovits | 4000 Hollywood Boulevard | <input type="checkbox"/> Add |
| | | Suite 520N | <input type="checkbox"/> Remove |
| | | Hollywood, FL 33021 | <input checked="" type="checkbox"/> Change |
| AMBR | Menachem Skolnik | 4000 Hollywood Boulevard | <input checked="" type="checkbox"/> Add |
| | | Suite 520N | <input type="checkbox"/> Remove |
| | | Hollywood, FL 33021 | <input type="checkbox"/> Change |
| S | Efraim Roth | 4000 Hollywood Boulevard | <input type="checkbox"/> Add |
| | | Suite 520N | <input checked="" type="checkbox"/> Remove |
| | | Hollywood, FL 33021 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 25 2022

/s/ Menachem Skolnik

Signature of a member or authorized representative of a member

Menachem Skolnik

Typed or printed name of signee