L19000004845

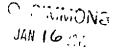
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COVER LETTER

Division of Co	rporations		
Bit House SUBJECT:	I.LC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
·	Glenn Schanel	-	
		Name of Person	 -
	Schanel & Associates PA		
		Firm/Company	
	4600 Military Trail Ste 21	5	
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	_
	glenn@schanelepa.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Glenn Schanel		561 624-2118	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
\$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 Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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**

Bit House LLC	
(Name of the Limited Liability Company as it now appears on our reco- (A Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company were filed on January 2, 2019 Florida document number L19000004845	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	5
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	<u>ं</u>
	8
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 recor registered agent and/or the new registered office address here:	ds, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street addr	ess
Enter Fiorial Mreel addi	
	F lorida Zip Code

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
MGR	Thomas Faraday	4053 Faradayway, Palm Beach Gardens, FL 33418	Add
			■ Remove
			☐ Change
MGR	Thomas Hunter	4053 Faraday Way Palm Beach Gardens, FL 33418	_ ∃ Add
			Remove
			☐ Change
			O Add
			Remove
			d Change ග
			☐ Remove
			Change
			☐ Add
			Remove
			Change
			□ Remove
			Change

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ective date, if other than the date of filing:	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.
effective date is listed, the date must be specific and cannot be p e: If the date inserted in this block does not meet the app	plicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's reco	
	not an effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
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Page 3 of 3

Filing Fee: \$25.00