1190000 40382

| (Requestor's Name) | | | | |
|--|-------------------|-------------|--|--|
| | | | | |
| (Ad | dress) | | | |
| | | | | |
| (Ad | dress) | | | |
| V | , | | | |
| (0) | (O) . (E) . (D) | /0 | | |
| (Cit | y/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| | | | | |
| (Bu | siness Entity Nan | ne) | | |
| | | | | |
| (Do | cument Number) | | | |
| (50 | , | | | |
| O-vir-t O-vi- | 0- 55 | | | |
| Certified Copies | _ Centricates | or Status | | |
| | | | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | İ | | |
| | | | | |
| | | | | |
| | | | | |
| L <u>. </u> | | | | |

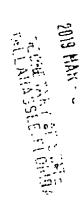
,





700325119697

03/05/13--01034--031



HAR 1 4 20°

COVER LETTER

Cobia Plastics LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott Barletta Name of Person Cobia Plastics Firm/Company 8352 CANARY PALM CT. Address SARASOTA, FL 34238 City/State and Zip Code s.barletta22@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclose

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TO ARTICLES OF ORGANIZATION

OF

| (Name of the Limit | ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | Page 5 |
|---|---|------------------------|
| The Articles of Organization for this Limited Li Florida document number 1.19000040382 | ability Company were filed on 02/11/2019 | and assig |
| This amendment is submitted to amend the follo | owing: | |
| amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: to Plastics LLC ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable: neipal office address MUST BE A STREET ADDRESS) | | |
| Crypto Plastics LLC | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "LLC" or | the abbreviation "L.L. |
| Enter new principal offices address, if application | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | F1 / 1 %/ 1 | |
| B. If amending the registered agent and/oregistered agent and/or the new registered of | or registered office address on our records, g | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Floric | ia |

New Registered Agent's Signature, if changing Registered Agent:

Cobia Plastics LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

Zip Cod

City

or removed from our records:

MGR= Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Actio |
|--------------|-------------|--------------|---------------|
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | Remo |
| | | | Chang |
| | | | |
| | | | Rem |
| | | | Cha |
| | | | |
| | | <u> </u> | Re |
| | | | D CI |
| | | | ^ |
| | | | Ь |
| | | | . (|

| • | | | | |
|-------------------------------------|--|---------------------------------|----------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | - | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | <u></u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | • | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | · | | - | |
| | | | | |
| | | | | |
| ective date, if other than | the date of filing: | | (o pti or | |
| refrective date is listed, the date | must be specific and cannot | be prior to date of filing or r | more than 90 days after fi | |
| te: If the date inserted in thi | | | ng requirements, this o | date will not be liste |
| ument's effective date on th | e Department of State's r | records. | | |
| | | | | |
| | | | | |
| record specifies a dela | yed effective date, b | out not an effective | time, at 12:01 a. | m. on the earlie |
| he 90th day after the | record is filed. | | | |
| • | | | | |
| | | | | |
| March 4 ed | 2019 |) | | |
| eu | | · | | |
| | 0 -4 | - 13 /- | <i></i> | |
| | a coll | Darless | a | |
| | Signature of a member | or authorized representativ | e of a member | |
| | A THE STATE OF THE | | | |
| | | | | |
| Scott Barletta | | | | |
| | Tyned | or printed name of signee | | |
| | | | | |

Page 3 of 3

Filing Fee: \$25.00