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COVER LETTER

Registration Section Division of Corporations

TO:

AMJ AFF SUBJECT:	INITY VAULTS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Brian Farquhar		
		Name of Person	
	AMJ Affinity Vaults LLC		
		Firm/Company	2022 350 16
	1103 LITTLE HARBOR		2022 NOT
		Address	1 : 5
	DEERFIELD BEACH, FL	ORIDA 33441	
		City/State and Zip Code	
	BFARQUHAR@FARQUH	ARGROUP.COM	
	E-mail address: (t	to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca	ail:	
BRAIN FARQUHAR		561 271-6096	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fec & 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 P.O. Box 632 Tallahassee, S	Section Corporations 27	Street Address: Registration Second Division of Corporate Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMJ AFFINITY VAULTS 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 2/15/2019 and assigned Florida document number L19000046323 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1103 LITTLE HARBOR Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) DEERFIELD BEACH, FLORIDA 33441 B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent:

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

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	3315320 Nova Scotia Limited	2814 Forks of the Credit Road	□Add
		Caledon, Ontario L7K 2H5, Canada	■Remove
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			☐ Add Remove
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Filing Fee: \$25.00