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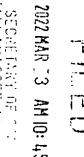
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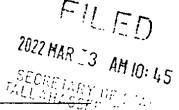


## **COVER LETTER**

Division of Corporations
SUBJECT: Veganometri LLC
SUBJECT: V (ganometr, Lb) 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:
Gary Alexis 5r.
/ Name of Person
Firm/Company
look the biological and the service
1220 NW. 129th Street Mians, F1 33167
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (904) 607-1428  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy
(additional copy is enclos
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Veganometri LLC	74.t
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>.)                                    </u>

(Constant and the party)	
The Articles of Organization for this Limited Liability Company were filed on $12 - 30 - 2019$ and assign Florida document number $L2000007267$ .	ed
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The Bitcoin Rescree LLC	
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 re agent and/or the new registered office address here:	gister
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
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.

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>	Name	<u>Address</u>	Type of Action
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Filing Fee: \$25.00