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COVER LETTER

Registration Section

Division of Corporations

TO:

eup ipor	Banknote &	Coin Processors Limited, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jonathan D Crick, Esq., Cl	² A	
			Name of Person	
		Jonathan D Crick, Attorne	y at Law, CPA/ABV/CFF, PLLC	
			Firm/Company	
		2425 Manatee Avenue We	st	
			Address	
		Bradenton, FL 34205		
			City/State and Zip Code	
		jonerick@gmail.com		
		E-mail address: (to be used for future annual report notific	ation)
For further in	formation c	oncerning this matter, please co	all:	
Jonathan Crie	ck		941 746-8094 at ()	
-	Name o	f Person	Area Code Daytime	l'elephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling 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)
Reg	ling Addres gistration S vision of C		Street Address: Registration Section Division of Corporation	
	. Box 632 lahassee, I		The Centre of Tal 2415 N. Monroe	
1 (1)	iaiiassee, f	L 34314	2413 IV. MOHIOC	Succe, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor	<u>ds.</u>)
(A Florida Ellined	emonity company)	
The Articles of Organization for this Limited Liability Company	were filed on Feb 12, 2020	and assigned
Florida document number <u>L20000049776</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Banknote & Coin Processors, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		25
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Enter new mailing address, if applicable:	+9	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, <u>ente</u>	r the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	rss
	F	lorida

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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Add □ Remove
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			□Remove
			□Change

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