Division of Corporations

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(((H210001671393)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086

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Fax Number

: (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D S JOHNSON CRYPTO IRA LLC

Certificate of Status	0
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To: 18506176383 From: 19165767019 Date: 04/26/21 Time: 11:05 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D S Johnson Crypto IRA 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 <u>08:06/2020</u> and Florida document number <u>L20000238645</u>	assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
D S Johnson IRA LLC	7
The new name must be distinguishable and contain the words. Entitled Elactivity Company. The society of the soc	3. L.C."
Enter new principal offices address, if applicable:	app 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5
B. If amending the registered agent and/or registered office address on our records, enter the narregistered agent and/or the new registered office address here:	ne of the ne
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
. Florida	
City Zip Ci	ode

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

To: 18506176383 From: 19165767019 Date: 04/26/21 Time: 11:05 PM Page: 04/05

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 = A $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
		လ 	20 Remove
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			Remove
			□ Change

To: 18506176383 From: 19165767019 Date: 04/26/21 Time: 11:05 PM Page: 05/05

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



E.	Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
(þ	the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
	Dated March 24 ,
	Signature of a member or fauthorized representative of a member
	David Johnson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00