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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: 015	Atm	1/C	
500000 <u></u>	Name of Lir	nited Liability Company	
The enclosed Articles of An	nendment and fee(s) are su	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	(Mirier Carrie	210
		Name of Person	
		Firm/Company	
		40 SW 109th	Ave # 1002
		Mi ami Fl 3319 City/State and Zip Code	99
		City/State and Zip Code MACA	ntwocoin@gmail.coi
	E-mail address:	(to be used for future annual report notif	fication)
For further information con-	cerning this matter, please	call:	
() [ivi	.er.C	at ()5(1480470G
Name of P	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing 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)
Mailing Address: Registration Sec	ction	Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company is it now appears on our records. (A Florida Limited Liability Company) 1. 25. 20 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number	()lis Atm	111		
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Co	mpany as it now appears on	our records.)	
The Articles of Organization for this Limited Liability Company were filed on	(A Florida Limi	ned Liability Company)	(9.25.20
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C. 2. Provides LLC The new pame must be distinguishable and contain the words "Limited Liability Gempany," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	The Articles of Organization for this Limited Liability Comp	any were filed on	200 HO	<u>-</u>
This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new pame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Florida document number L2000 30 250	Í ο		
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pi. 21.			Elocid-	
		City	, г юпая	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>	<u>Name</u>	Address	Type of Action
	Everson Smith		POI the
			□ П С П С П С П С П С П С П С П С П С П
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Page 2 of 3

. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an et Note:	tive date, if other than the date of filing: (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	(JUG)
	Signature of a member or authorized representative of a member
	Olivier Carrier

Filing Fee: \$25.00