L21000024839

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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJEC		LOCKCHAIN, LLC				
SUBJE	C1.	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
		GARCIA MCDONALD-N	MCPHERSON			
			Name of Person			
			Firm/Company			
	4422 SW PALEY ROAD					
Address						
		PORT SAINT LUCIE, FL	. 34953			
			City/State and Zip Code	TAL	2021 SEP 10	
		E-mail address: (to be used for future annual report notifi	ication)	SÉP.	
For furtl	ner information co	oncerning this matter, please c	all:			j ···
GARCI	A MCDONALD	-MCPHERSON	ot (SC INC.		
	Name of	f Person	at () Area Code Daytime	Telephone Number 1-12	<i>1</i> : 25	- 40
Enclose	d is a check for th	ne 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 Sta Certified Copy (additional copy is en	tus &	
	MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:		

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GM3 ON BLOCKCHAIN, 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 01/11/2021 and assigned Florida document number L21000024839 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 "LLC." 4422 SW PALEY RD Enter new principal offices address, if applicable: PORT SAINT LUCIE, FL 34953 (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: Enter Florida street address

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.

City

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
AMBR	Garcia McDonald-Mcpherson	4422 SW PALEY ROAD	
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Effective date, if other (If an effective date is listed, the	than the date	of filing: _			<u></u>	_ (optiona	ıl)		
(If an effective date is listed, the Note: If the date inserted document's effective date	l in this block d	oes not meet	the applicab	date of filing o le statutory f	or more than 90 d iling requireme	ays after fili ents, this da	ng.) Pursu te will n	ant to 60 ot be lis)5.0207 (3 sted as th
the record specifies a) The 90th day after	delayed effe the record i	ective date s filed.	, but not a	an effectiv	e time, at 1	2:01 a.m	n. on th	ie earl	ier of:
SEPTEMBER 9			021	. •					
	01.								
			har or authori	and concessorate	tive of a member	-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00