L21000063640

(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to mining Officer.

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LLC Amend,

> MAR 0 8 2021 D COMNELL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/05/2021		
	** [i	VALK IN**
ENTITY NAME BITIAZE	LLC	
DOCUMENT NUMBER	 	
	PLEASE FILE THE ATTACHED AND RETURN	,,,,
xxxx	Plain Copy	er er er er er er er er
	Certified Copy	
	Certificate of Status	
	CEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION		
NUMBER DI CERTITIONI	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	above number for any issues or concerns. Thank you so much	./

COVER LETTER

	egistration Se ivision of Cor			
SURIFCT	BITIAIZE	LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		LEANA GUZMAN		
		-	Name of Person	· · · · · · · · · · · · · · · · · · ·
		ZENBUSINESS PBC		
			Firm/Company	
		5900 BALCONES DR ST	TE 5000	
			Address	
		AUSTIN, TX 78731		
		COMPLIANCE@ZENBUS	City/State and Zip Code SINESS.COM	
		E-mail address: (to be used for future annual repo	rt notification)
For further	information c	oncerning this matter, please of	all:	
LEANA C	JUZMAN		844 493-6.	249
	Name o	f Person	at () Area Code[Paytime Telephone Number
Enclosed is	s 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 Status & Certified Copy tadditional copy is enclosed

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BITIAIZE LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 02/05/2021	and assigned
forida document number L21000063640		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		₹
		101
		M H
nter new mailing address, if applicable:		50
failing address MAY BE A POST OFFICE BOX)		Sign M
		30
. If amending the registered agent and/or registered agent and/or the new registered office address he		enter the name of the
Name of New Registered Agent:		······
New Registered Office Address:		
	Enter Florida street address	***********
	, Flo	rida
	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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JERMAINE RILEY	309 70th Place	□ Add
		Capitol Heights, MD 20743	
		<u></u>	≡ Remove
			☐ Change
AMBR	Prabhat Dubey	309 70th Place	
		Capitol Heights, MD 20743	-
		·	Change
			Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
			
			□ Remove
			Change
			Add
			Remove
			☐ Change

·				
				<u> </u>
				
				
			<u>-</u>	
ffective date, if other than th	e date of filing:	prior to date of filing	(optional)	Duestina 1 - 6/15 0 20°
an effective date is listed, the date maiote: If the date inserted in this bocument's effective date on the I	lock does not meet the appeartment of State's reco	oplicable statutory ords.	filing requirements, this date w	rill not be listed as
e record specifies a delaye The 90th day after the re		not an effectiv	ve time, at 12:01 a.m. o	n the earlier o
ated MARCH 4	2021	·		
/s/ Prabhat Dube				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00