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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: MY CO	IN CRYPTO LLC		
		nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JUST	'IN E BLAIR	
		Name of Person	
	MY	COIN CRYPTO LLC	
		Firm/Company	
	204.	23 STATE ROAD 7 SUI	ΓE F6-260
		Address	
	ВОС	TA RATON, FL 33498	
	Just	City/State and Zip Code inBlair90@gmail.com	
	E-mail address: (to be used for future annual repor	1 notification)
For further information co	ncerning this matter, please co	all:	
JUSTIN E BLAIR		at (786) 63	7-4535
Name of	Person	at (<u>786</u>) 63 Area Code D	aytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 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

MY COIN CRY	PTO LLC	
(Name of the Limited	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia	bility Company were filed on05/20/2	021 and assigned
Florida document number <u>L21000234864</u>		
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>	
B. If amending the registered agent and/or the new registered offi		ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	uddress
		, Florida
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BLAIR, JUSTIN C	20423 ST RD 7 SUITE F6-260	Add
		BOCA RATON, FL 33498	➡ Remove
			□ Change
MGR	FARACHE, MOSHEA C	20423 ST RD 7 SUITE F6-260	_ _ _ _ _ _ A dd
		BOCA RATON, FL 33498	Remove
			☐ Change
			□ Remove
			Change
			□ Add
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t an efi <u>Note:</u>	ive date, if other than the date of filing:
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	June 7, 2021
	Pustin E. Blair
	Ignature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00