L21000334955

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	#)
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PICK-UP	☐ WAIT	MAIL.
	siness Entity Name	<i>-</i>
(00	Siness Entity Name	=)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	tration Section of Corpo			٠
SUBJECT:	Coinasty I	LC		
SUBJECT: _			ted Liability Company	
The enclosed A	Articles of Ar	mendment and fee(s) are sub	nitted for filing.	
Please return a	ll correspond	lence concerning this matter	to the following:	
		Kate Wood		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkcrest Dr. S	Ste. 103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusin		
		E-mail address: (1	o be used for future annual r	eport notification)
For further info	ormation con	cerning this matter, please ca	ill:	
Kate Wood	d c/o ZenE	Business Inc.	at ((844) 493-6	5249
-	Name of F	erson	Area Code	Daytime Telephone Number
Enclosed is a c	heck for the	following amount:		
\$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &
	ng Address:	votion	Street Ad	dress: tion Section
•	stration Se sion of Co		-	of Corporations
P.O.	Box 6327		The Cer	tre of Tallahassee
Talla	shaceee FI	37314	2415 N	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000334955	were filed on 7/23/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	breviation "L.L.C."	
Enter new principal offices address, if applicable:	540 Montreal Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Suite 115		
	Melbourne, FL 32935		
Enter new mailing address, if applicable:	540 Montreal Avenue		
Mailing address MAY BE A POST OFFICE BOX)	Suite 115		
	Melbourne, FL 32935		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name	e of the new reg	
2002	Florida	 ن ب	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

Coinasty LLC

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 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	Kiyoshi Casey	540 Montreal Avenue	□ Add
		Suite 115	Remove
		Melbourne, FL 32935	■Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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			Change
			□ Add
			□Remove
			Change

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		tive date, but not an effective			
Signature of a member or authorized representative of a member	is filed.				
	is filed.	· 2021			

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