

121000368029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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08/27/21--01007--032 \*\*25.00

FILED  
2021 SEP 22 AM 7:16  
SECRETARY OF STATE  
TALLAHASSEE, FL 323



2021 SEP 22 AM 11:22

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2021

MICHAEL R CAMPBELL  
812 PINELLAS ST  
CLEARWATER, FL 33756 US

SUBJECT: BLOCK BITS LLC  
Ref. Number: L21000368029

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member. ✓

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 721A00021771

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2021 SEP 22 AM 7:16

Block Bits LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

The Articles of Organization for this Limited Liability Company were filed on 16 August 2021 and assigned  
Florida document number L21000368029.

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 "L.L.C."

**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:

*Enter Florida street address*

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>    | <u>Address</u>                       | <u>Type of Action</u>                   |
|--------------|----------------|--------------------------------------|---|
| AMBR         | Caleb McDaniel | 812 Pinellas St Clearwater, FL 33756 | <input checked="" type="checkbox"/> Add |
|              |                |                                      | <input type="checkbox"/> Remove         |
|              |                |                                      | <input type="checkbox"/> Change         |
| AMBR         | Grant McDaniel | 812 Pinellas St Clearwater, FL 33756 | <input checked="" type="checkbox"/> Add |
|              |                |                                      | <input type="checkbox"/> Remove         |
|              |                |                                      | <input type="checkbox"/> Change         |
|              |                |                                      | <input type="checkbox"/> Add            |
|              |                |                                      | <input type="checkbox"/> Remove         |
|              |                |                                      | <input type="checkbox"/> Change         |
|              |                |                                      | <input type="checkbox"/> Add            |
|              |                |                                      | <input type="checkbox"/> Remove         |
|              |                |                                      | <input type="checkbox"/> Change         |
|              |                |                                      | <input type="checkbox"/> Add            |
|              |                |                                      | <input type="checkbox"/> Remove         |
|              |                |                                      | <input type="checkbox"/> Change         |
|              |                |                                      | <input type="checkbox"/> Add            |
|              |                |                                      | <input type="checkbox"/> Remove         |
|              |                |                                      | <input type="checkbox"/> Change         |

[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee