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COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		
		O OPPORTUNITIES II LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ROBERT S. FIELD		
			Name of Person	
		DEVELOPMENT SERVI	CES INC	
			Firm/Company	
		241 BRADLEY PLACE		
		PALM BEACH, FL 33480)	
			City/State and Zip Code	
		RSFIELD@GMAIL.COM	to be used for future annual report no	
er dans	4.			uncanos)
For further i	ntormation co	oncerning this matter, please ca	an:	
ROBERT S	, FIELD		561 459-2770 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is:	a check for th	ne following amount:		
X \$25.00 1		☐ \$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 (additional copy is enclosed)
Re	iling Addres gistration S	Section	Street Address: Registration S	
		forporations	Division of Co The Centre of	
	D. Box 632 Hahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

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

PB CRYTPO OPPORTUNITIES II LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L21000386916	Company were filed on AUGUST 30, 2021	and assigned
This amendment is submitted to amend the following:	_ ·	
A. If amending name, enter the new name of the limi	ited liability company here:	
BRADLEY DIRECT LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 2028 FEB -9 AM 9: 0' SECRETARY DE STATIAL LANGASSEE. FL
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the n</u>	iame of the ne w registere
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
Nam Designated Agent's Signature if changing Registers	·	•

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 =	Mana	ıger	
			•

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗆 🗆 Add
			□Remove
			🗀 Change
			Remove
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fan effective date i Note: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	pecific and canno loes not meet th	ne applicable stat	filing or more than utory filing requi	(optional) 90 days after filing.) Pements, this date w	ursuant to 605.02 ill not be listed
e record specifies	a delayed effective dat					
rd is filed.		***	ารุ			
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Filing Fee: \$25.00