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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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2021 OCT 12 PM 4:31

COVER LETTER

TO: Registration Section Division of Corporation			
011 0 100 00	Crista Clases	+ /1C	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Jonathan	Name of Person	
	Division of Corporations JECT: Crypto Closet LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. Ser return all correspondence concerning this matter to the following: Jonathan Schwalte Name of Person Crypto Closet LLC Firm/Company 3132 Farriew Dr. Address Melbourne FL 32934 City/State and Zip Code hello Crypto nout closet. Com E-mail address: (to be asked for future annual report notification) further information concerning this matter, please call: Jonathan Schwalte at (321) 536 - 8452 Name of Person Daytime Telephone Number		
	3137	Faculty Dr	
	<u> </u>	Address	
	Melhouppe	EL 32934	
		City/State and Zip Code	
	hellow	cryptonaut closet.	(OM)
Use firsther information are			, канся) -
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Jonathan	Schwalie	at(_321)536	-8452
Name of Pe	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the f	Following amount:		
S25.00 Filing Fee	-	_	
	Certificate of Status	• •	Certified Copy
	ction	' <u></u>	rtion
_		_	
	•	The Centre of T	allahassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Crypto	Closet LLC		2 PM 4:31
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	<u>rs on our records⊅C</u> RETA JALLAHAS	RY OF SIME SSEELFULNI
The Articles of Organization for this Limited Lia		9/28/21	and assigned
Florida document number <u>L 21000 4254</u>	186		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :	
ST Retailer LLC The new name must be distinguishable and contain the we			
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the o	designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	C .	records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		···	
New Registered Office Address:			
	Enter Flo	rida street address	
	- Ci.	, Florida	Zip Code
	City		zip Coae

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing:		
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