Division of Corporations Electronic Filing Cover Sheet

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(((H210004514123)))



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133

Division of Corporations

Fax Number : (850) 617 6383

From:

Account Name : INCORP SERVICES INC

Addount Number : 120120000007 Phone : (702)866-2500 Fax Number : (702)900 2290

Enter the email address for this business entity to se used for future annual report mailings. Enter only one email address please.

Email Address: __managedreports@incorp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZNCRYPTOMINE LLC

Certificate of Status	0
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To. 8506176383

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Date: 12/10/2021 4:30:02 PM

COVER LETTER

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TO:	Registration Section				
	Division of Corporations				

SUBJECT: ZNCRYPTOMINE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Shin

Name of Person

InCorp Services, Inc.

Firm-Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

E mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Shin for InCorp Services, Inc.

Name of Person

at (800)

246-2677

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$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)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

ZNCRYPTOMINE LLC	
(Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	were filed on 10/22/2021 and assigned
Torida document number <u>L21000461345</u>	
This amendment is submitted to amend the following:	
1. If amending name, enter the new name of the limited liab	ility company here:
General Assistant Services LLC The new name must be distinguishable and contain the words "Limited Eiabil	lity Company," the designation "LLC" or the abbreviation "LLC."
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)	<u></u>
B. If amending the registered agent and/or registered office a seent and/or the new registered office address here:	address on our records, enter the name of the new regist
SV - CSV - D - C - LA	# T. 2
Name of New Registered Agent:	7.C. 29.0
New Registered Office Address:	Enter Florida street address Florida Florida
	Enter Florida street address SS S
	, Florida Code St. Code
New Registered Agent's Signature, if changing Registered Agent:	9: 1 CORN
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree is comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging Registered Agent, Signature of New Registered Agent

•	•	From: GFI FaxM	laker To	: 8506176383	Page: 4/5	Date:	12/10/2021	4:30:02 PM	71 OO	11 4 57	41 7	
If amending	Author	ized Person(s)	authorized	d to manage	, enter the title	, name,	and addre	ss of each	person	heing a	dded	•
<u>or removed f</u>	rom ou	<u>r records</u> :										

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			∐Remove
			□Change
			∐Add
			∐Remove
			UChange
			Ll.Add
			⊟Remove
			UChange
			∐Add
			□Remove
			UChange
			□Add

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ımending	any other information, enter change(s) here: (Attoch additional sheets, if neces	sary.)	
<u></u>			
			
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	(6	
lowine if the	ate, if other than the date of filing: that is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this deffective date on the Department of State's records.	ning.) Pursua date will not	n to 605. De liste
),; The 90th o	lay after
recora spe i is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	SEC) 138?
mtad	December 10 2021	TEAS TEAS	DEC 13
ated	J. Nelson	338 0 188	
	Signature of a member or authorized representative of a member);; L.O	
	-	STATE	. 1
	ZAPHIAN V NELSON Typed or printed name of signee	D	