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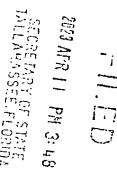
(Requestor's Name)
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(Document Number)
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A. RIVERS MAY 3 0 2023

COVER LETTER

TO:

TO: Registration : Division of C					
RealToke					
Name of Limited Liability Company					
The englaced Articles	of Amendment and fee(s) are sub	unitted for filing			
	pondence concerning this matter	Ţ.			
rease return an corres	pondence concerning and matter	to the following.			
	Heather Hendrick				
		Name of Person			
	RealToken International (S	S) LLC			
		Firm/Company			
	980 N Federal Hwy Ste 11	0			
		Address			
	Boca Raton, FL 33432				
		City/State and Zip Code			
	operations@realt.co		2		
For further information	concerning this matter, please c	to be used for future annual report noti all:	neation)		
Sherri Pelski		617 270-1020			
Name	of Person	at () Area Code Daytim	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RealToken LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ay as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/15/22	and assigned
Florida document number 1.22000011234		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u> i	lity company here:	
RealToken International (S) LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ty 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)		
		53
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the n</u>	ame of the new register
agent and/or the new registered office address here:		APR CRET
		7 7 = -
Name of New Registered Agent:		<u> </u>
N		mon Te
New Registered Office Address:	Enter Florida street address	<u> </u>
	Since the manner and can	215 6
	171 ' 1	<u></u>

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.

Ciiv

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
		<u> </u>	□ Add
			□Remove
		-	Change
			Remove
			□Change
• • • • • • • • • • • • • • • • • • • •			□Add
			□Remove
			□ Change

	
	
·	
	(optional) orior to date of filing or more than 90 days after filing.) Pursuant to 605.020 plicable statutory filing requirements, this date will not be listed a ords.
cord specifies a delayed effective date, but not an effectiv s filed.	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed April 3. 2023	·
Mell /200/0	21
Signature of a member or a	nuthorized representative of a member

EU D COLO

Typed or printed name of signee