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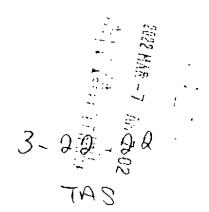
· (Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(BL	isiness Entity Nar	ne)
— (Do	ocument Number)	
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Re	nolds Crypto I	Exchange LLC ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Jake R	Peynolds Name of Person	
		Name of Person	-
	Reynolds	Crypto Exchange L	LC
		adise Island Blvd	
		Address	
	Jacksonville FL.	32256	
_	jkreynolds94	City/State and Zip Code Gmail, com to be used for future annual report not	
For further information conc			ification)
Jake Reynolds	piwase ce	at (817) 483	5881
Name of Per	2011		ne Telephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahanas, PL 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2200064002</u>		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability 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)		
		122
Enter new mailing address, if applicable:		- 10 m
(Mailing address MAY BE A POST OFFICE BOX)		1 2
		20 OC
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	S
	, Flo	orida
	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 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
MGR	Jake Reynolds	7651 Paradise Island Blv 1 32256	_ ∯ Add
			_ 🗆 Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
		الا - الله الله الله الله الله الله الله	Change Add
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		· · · · · · · · · · · · · · · · · · ·	, □Add
			Remove
			□Change

	
	2022
	
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	-
fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the application cument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0, able statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after t
med March 5th 2022	_··

Typed or printed name of signee