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Odivision of Camporations 2823

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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5052 P.

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADIAS DIGITAL ASSET SECURITY LLC

Certificate of Status	0
Certified Copy	0
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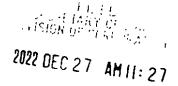
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Electronic Filing Menu Corporate Filing Menu

Help

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



MADIAS Digital Asset Security LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 03/14/22	and assigned	
Florida document number L22000128233			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
LAIGOS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		201 1 200 201 201	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere	
agent and/or the new registered writer address here.			
Name of New Registered Agent:			
- Mine VI TVW Registered Figure -			
New Registered Office Address:	Enter Florida street address		
	Enter r toriau sirvei gauress		
	, Florid	aZip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	εφ coac	

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
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			□Remove
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Note: If the	ate, if other than the date of filing:		
he record spec ord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The	90th day after th	e¢.
Dated	December 27 . 2022 .		
	Margan Maken		
	Signature of a member or authorized representative of a member	*****	

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Filing Fee: \$25.00