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2022 OCT 11 AM 10: 07
SECRETARY OF STATE

COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: Biffe	est Mutations	11.6	
SUBJECT:OTT	Name of Lim	ited Liability Company	
	114112	area transmy Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following.	
	Steven	Valled Name of Person	
			- C
		+ Mutations Ll Firm/Company	
	SS19 A	nnette st	
		Address	
	Lakeland FL	33810	202 SE:
		City/State and Zip Code	2 00 CRE ALL
	b: trostmo E-mail address (1	33810 City/State and Zip Code That ions LLC @ gime 1. Co to be used for future annual report notifica	22 OCT 11 ECRETARY (TALLAHAS)
For further information e	concerning this matter, please co		SC A
Steven	1 Waller	at (<u>863</u>) <u>934 - 8</u> Area Code Daytime To	2022 OCT 11 AM 10: 07 SECRETARY OF STATE TALLAMASSEE, FL
Name o	il Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	he 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)
,,			
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	n,
Division of C		Division of Corpo	
P.O. Box 632		The Centre of Tall	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bitrost M		LLC		· · -
(Name of the Limited)	Liability Compa Florida Limited I	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabi		were filed on)S102/202	and assigned
Florida document number <u>LDQ 00 2 0 6 2</u>	175			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	ne limited liabi	ility company be	<u>re</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:			<u></u>
(Principal office address MUST BE A STREET A	<u> 4DDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>			SECRETATIVE SEE
B. If amending the registered agent and/or registered affice address h		nddress on our r	ecords, <u>enter the na</u>	
Name of New Registered Agent				
New Registered Office Address:		Enter Flor	ada street address	
			, Florida	
		City		Zıp Code
New Registered Agent's Signature, if changing Reg	<u> istered Agent:</u>			

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 Changing Registered Agent, Signature of New Registered Agent

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	Shureof Dickens	1315 Axel cirwinterhound	O FL WADD
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<u> Sote:</u>	If the date	if other that is listed, the dat inserted in the tive date on t	us block o	does not m	eet the	applicable	202 ate of fili statuto	2 ng or more ry filing re	(op han 90 days af quirements. t	tional) ter filmg.) Pursu his date will no	ant to 60: of be list	5 0207 (ed as t
record d is file		a delayed eff	ective da	te, but not	an effe	ctive time,	at 12:0	l a.m. on t	he earlier of:	(b) The 90th	day afte	er the
Dated _	00	tobes			7							
			Sign	nature of a n	nember	or authorize	ed represe	entative of a	member	<u> </u>		