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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TPBS CORP Account Number : I20190000112 : (786)389-2779 Fax Number : (305)356-3688

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OSUMARE CRYPTO LLC

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Help EZOZ J TNT T. LEMIEUX,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>7</b> - 1• <b>₽</b>			;	
OSUMARE CRYPTO LLC				, <b>p</b> .,
(Name of the Limite	d Llability Compai A Florida Limited L	ev as it new appears on aur re- lability Company)	(erdb)	
The Articles of Organization for this Limited Linited Linited Linited Linited Linited Lorida document number L23000080479	ibility Company	were filed on 02/20/2023	and assign	ed
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company bere:		
The new name must be distinguishable and contain the w	ords "Limited Lishi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C	<b>4</b>
Enter new principal offices address, if applicable:		3335 NE 13TH CIRC DR	# 101	
(Principal office selectes MUST BE A STREE		HOMESTRAD, FL 33033		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3335 NB 13TH CIRC DR # 101 HOMESTEAD, FL 33033		
	4444 ATA 13472 GUR DO - 144		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		Enter Florido stress	<i>એ</i> લા	
	HOMESTEA		, Florida 33033	_ ;; _ ;;
		City	Zip Code	
New Registered Agent's Signature, if changing	Resistened Apen	t:		18

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 studies 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 Reststered 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

Title	Name	Address	Type of Action
AMBR	BARBARO A GARCIA ONA	1250 NW 171 ST	□Add
		MIAMI GARDENS, FL 33169	BRemove
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			Remove
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<u> (ote: ); the date inscriod in this</u>	the date of filing:  must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant a s block does not meet the applicable statutory filing requirements, this date will not be to Department of State's records.	n 605 <i>.020</i> r listed as
	ctive date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day	' डॉट फेट
JULY 12TH	2023	
ated		
	Signature of a member or authorized representative of a member	_
	V	
LIZBËL PEREZ VË	.a. /X	