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TALLAHASSES FL

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Individual Capital Lending LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Uriei Jean-Baptiste Name of Person
Firm/Company
8540 Lazy River Dr.
Tampa, FL, 33617 City/State and Zip Code
The bit Coin 19 Kou 89 mail . Com E-mail address: (to be used for future Innual report notification)
For further information concerning this matter, please call:
Uriel Jean-Baptiste at (813), 965-5315 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \$\times \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\times \text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$\tex
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Individual Capit	al Lending LLC.
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our refords.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $02/16/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The Bitcoin Lakou Lin The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8540 L924 River Dr. Tampa, FL 33617
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8540 Lazy River Dr. Tampa, FL 33617
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	2024
New Registered Office Address:	Enter Florida street address 2. 2
	Enter Florida street address Florida City Tip Cide Tip Cide Tip Cide Tip Cide Tip Cide Tip Cide Tip Cide
	City Tip Cide
New Registered Agent's Signature, if changing Registered Agent:	THE CO
I hereby accept the appointment as registered agent and agre	ve to act in this capacity. I further agree to comply with the

Thereby 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	Membe

Title	<u>Name</u>	Address	Type of Action
			∐Add
		 	□Remove
			□Change
			□Add
			□Remove
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		·- ·- ·	□Remove

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(If an et Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	·
	U. Jean-Baptiste Signature of member or authorited representative of a member
	Uriel Jean - Baptiste Typed or printed name of signee

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Filing Fee: \$25.00