Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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٠,	**Enter the	email	address	for	this	business	entity	to be	used	for	future
j	annual	repor	t mailin	gs.	Enter	only one	email	addre	ss ple	ase.	**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CRYPODIRA LLC**

Certificate of Status	0
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Page Count	04
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(Brumble)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, entagent and/or the new registered office address here: Name of New Registered Agent:	ter the name of the new registered
B. If amending the registered agent and/or registered office address on our records, entagent and/or the new registered office address here:	ter the name of the new registered
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(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
C	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Cryptodira LLC	
A. If amending name, enter the new name of the limited liability company here:	
This amendment is submitted to amend the following:	
Florida document number L23000095471	
The Articles of Organization for this Limited Liability Company were filed on <u>02/22/202</u>	and assigned
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	

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
			□Add
			□Remove
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		was to the state of the state o	Remove
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ote: If	date, if other than the date of filing:
record s Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	1arch 29 2023
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	March 29 . 2023