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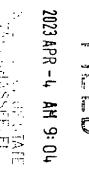
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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: GENERAL ALCHEMY, LLC Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Michael McDonald				
Name of Person					
	General Alchemy, LLC				
		Firm/Company			
	800 Trafalgar Ct, Ste 370			202	
		Address	-	3 AP	77
	Maitland, FL 32751			2023 APR - 4 AM 9	Carrent Carrent Carrent
	mzr@stakeout.com	City/State and Zip Code		AM 9: 05	
	•	to be used for future annual report notif	lication)	. بو	
For further information of	concerning this matter, please c	·		1 S	
Michael McDonald		407 405-2587 at ()			
Name e	of Person		e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

RESTATEMENT OF ARTICLES OF ORGANIZATION OF

GENERAL ALCHEMY, LLC Florida document number L23000124739

Article I

The name of the Limited Liability Company is: GENERAL ALCHEMY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

800 TRAFALGAR CT STE 370 MAITLAND, FL. US 32751

The mailing address of the Limited Liability Company is:

800 TRAFALGAR CT STE 370 MAITLAND, FL. US 32751

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Article III

Other provisions, if any:

THIS COMPANY IS BEING FORMED FOR THE PURPOSE OF PROVIDING IT SERVICES.

Article IV

The name and Florida street address of the registered agent is:

MICHAEL J MCDONALD 800 TRAFALGAR CT STE 370 MAITLAND, FL. US 32751

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:

Article V

The name and address of person(s) authorized to manage LLC:

Title: AMBR MICHAEL J MCDONALD 800 TRAFALGAR CT STE 370 MAITLAND, FL. US 32751

Signature of member of an authorized representative:

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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