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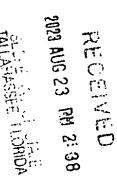
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

TO:

SUBJECT: . (	Name of Lim	-L C			
<u></u>	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Justin	williams			
		Name of Person			
	Bit N	'IX LLC			
		Firm/Company			
	6050 bab Loc	K S+ SE	***		
		Address	<del></del> . · ,		
	Paim bay	FL 32909 City/State and Zip Code	, . 		
		City/State and Zip Code			
	J V5+6	1 @ bitnix, co	·		
	E-mail address: (	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
5. Stin W	illiams	at (Sig 7.60) Area Code Daytim	8060		
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	u.•		
Registration S Division of C		Registration Section Division of Corporations			
P.O. Box 632	-	The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bit wix LL	(	
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Li Florida document number L230003S	ability Company <u>8 20 2</u>	were filed on $\frac{7/31/13}{2}$ and assigned
This amendment is submitted to amend the follow	owing:	
A. If amending name, enter the new name of	the limited liab	ility company here:
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Paim bay, FL 32909
(Principal office address MUST BE A STREE	T ADDRESS)	Paim bay, FL 32909
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		60 SO babcock st-SE, #2 Pain bay, FL 32939
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a <u>s here</u> :	address on our records, enter the name of the new registere
Name of New Registered Agent:	JUSTIN	bab cock st SE, Pain bay, FL
New Registered Office Address:	6050	bab Cock St SE, Pain bay, FL
		Enter r torida street adaress
	<del></del>	City: Slorida 32909 Zip Code

## 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 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
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n effective da o <u>te:</u> If the d	e, if other than the tte is listed, the date mus ate inserted in this bl fective date on the D	t be specific and ca ock does not mee	t the applicabl	date of filing or me le statutory filing	re than 90 days afte	<b>ional)</b> er filing.) Pursu is date will n	ant to 605.02 of be listed
cord specif s filed.	ies a delayed effectiv	e date, but not an	effective time	e, at 12:01 a.m. c	n the earlier of: (	b) The 90th	day after t
ed	8/23/2	3	<del></del>				
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	<del>//</del>	Signature of a mer	nber or authoriz	ed representative	of a member	78	<del></del>
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Filing Fee: \$25.00