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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453

Fax Number : (888)462-3453

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

Email Address: EFILE1234@INCFILE.COM

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DEPAY FEDER SEE FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THEVAULTBITCOINATM LLC

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FEB 21 2025

COVER LETTER

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| | Registration Se Division of Cor | | | • |
|-------------|------------------------------------|--|---|--|
| erin irea | | TBITCOINATM LLC | | |
| SUBJECT | 1: | Name of Lim | ited Liability Company | |
| | | | | |
| The encios | sed Articles of a | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ırn all correspo | ndence concerning this matter | to the following: | |
| | | LOVETTE DOBSON | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 17350 STATE HWY 249 S | TE 220 | |
| | | | Address | |
| | | HOUSTON, TX 77064 | | |
| | | EFILE1234@INCFILE.CO | City/State and Zip Code | |
| | | | o be used for future annual report no | tification) |
| or further | r information co | oncerning this matter, please ca | dl: | |
| LOVETTE | E DOBSON | | 1 888-462-34 | :53 |
| | Name of | Person | at () | me Telephone Number |
| Enclosed is | s a check for th | e following amount: | | |
| ₩ \$25.00 | O Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Iailing Address | | Street Address: Registration S | cction |
| D | Division of Co | orporations | Division of Co | orporations |
| P | .O. Box 632 | 7 | The Centre of | Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| THEVAULTBIT | COINATM LLC | | | | |
|---|---|--------------------|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as It now appears on our records.) Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000145061</u> | were filed on 03/25/2024 | 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 VAULT BITCOIN ATM LLC | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abb | reviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | 1150 Nw 72nd Ave Tower 1 Ste 455 #19782 | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1150 Nw 72nd Ave Tower 1 Ste 455 #19782 Miami, FL 33126 | | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | nddress on our records, enter the name | | | | |
| Name of New Registered Agent: | | <u> </u> | | | |
| New Registered Office Address: | 6. 6 | <u>- 1</u> | | | |
| | Enter Florida street address | ** | | | |
| | , Florida | <u> </u> | | | |
| | City | 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

(((H25000063149 3))) 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 |
|--------------|-------------|---|----------------|
| AMBR | Carson Peck | 1150 Nw 72nd Ave Tower 1 Ste 455 #19782 | □Adđ |
| | | Miami, FL 33126 | □Remove |
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| ve date is listed, the d the date inserted in | an the date of filing date must be specific and this block does not m the Department of S | cannot be prior to seet the applica | o date of filing o | or more than 9 Tling require | (option days after fil ments, this d | ing.) Pursuant to | o 605.020 e listed a |
| rd specifies a delayed of led. | effective date, but not | an effective tin | ne, at 12:01 a. | m. on the ea | rlier of: (b) | The 90th day | after the |
| February 19 | | 2025 | _ · - | | | | |
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Filing Fee: \$25.00