141900004132

(R	(equestor's Name)	-
(A	ddress)	
	ddress)	
(C	ity/State/Zip/Phone #	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
(B	lusiness Entity Name)
	····	
(L	Ocument Number)	
rtified Copies	Certificates o	of Status
pecial Instructions to	o Filing Officer	

Office Use Only



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2020 NOV 17 PM 12: 34

RECEIVED

2020 NOV 17 AM S. S.



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: November 17, 2020	ACCOUNT#. 12000000000		
Name: KEN HOWELL			
Reference #:1289541			
Entity Name: BONDHOUSE ADV	ISERS, LLC		
Articles of Incorporation/Authorization to Transac	ct Business		
✓ Amendment			
Change of Agent	ISSUES? CALL		
Reinstatement	KEN:		
Conversion	518-213-0738		
☐ Merger			
Dissolution/Withdrawal			
Fictitious Name			
Other ** CERTIFIED COPY U	PON FILING **		
Authorized Amount: \$55.00			
Signature			

COVER LETTER

TO:	Registration Division o	on Section f Corporations				
SUBJI	ECT:	Bondhouse Adv Name of t	(sers	LLC imited Lia	bility Con	npany
Dear S	ir or Madan	n:				
The en	closed appl	ication, certificate and f	ee(s) are	submitted	for filing	
Please	return all co	orrespondence concerni	ng this n	natter to the	followin	g:
Eli Gro	ss				_	
_	· · · ·	Name of Person	_			
YieldX	Inc.				_	
		Firm/Company		_		
2980 N	E 207th Stree	et. Unit 504			_	
		Address				
Aventu	ra, FL 33180					
		City/State and Zip	Code		_	
-	eldx.app				_	
E-m	ail address:	(to be used for future a	nnual re	port notific	ation)	
For fur	ther inform	ation concerning this m	atter, pie	ease call:		
Eli Gro			at	646	328-98 	
	Na	me of Person		Area Cod	e & Dayt	ime Telephone Number
	Division of P.O. Box	on Section of Corporations			Divisio The Ce 2415 N	ation Section n of Corporations ntre of Tallahassee Monroe Street, Suite 810 assec, FL 32303
□\$25 CR2E05	Filing Fee	is a check for the follo \$30 Filing Fee & Certificate of St		iount: \$55 Filing Certified	-	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	is on the records of the Florida Department of
State: BondHouse Advisers, LLC	
Enter new principal office address, if applicable:	2980 NE 207th Street
(Principal office address	Unit 504
MUST BE A STREET ADDRESS)	Aventura, FL 33180
Enter new mailing address, if applicable:	2980 NE 207th Street
(Mailing address MAY BE A POST OFFICE BOX)	Unit 504
	Aventura, FL 33180
2. The Florida document number of this limited lia	ability company is: M19000004132
3. Jurisdiction of its organization: Delaware	<u> </u>
4. Date authorized to do business in Florida: Apr	11 25, 2019
SECTION II (5-9 complete only the applicable	changes)
 New name of the limited liability company: Y (must 	St contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Florida
	City Zip Code
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I juriner agree to comply with r and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this t in the registered office address, I hereby confirm that the limited
If C	Changing Registered Agent, Signature of New Registered Agent

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remov	
			🗆 Add	
			□Remov	
			□Add	
			□Remov	
			□Aðd	
			□Remov	
			□Add	
aforementioned a	ificate, if required: no more than 90 da mendment(s), duly authenticated by the the law of which this entity is organiz	e official having custody of records in the	Remov	

Filing Fee: \$25.00

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BONDHOUSE ADVISERS, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "YIELDX ADVISERS, LLC" ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2020, AT 4:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YIELDX ADVISERS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF APRIL, A.D. 2019.



Authentication: 204088390

Date: 11-16-20

7374427 8320 SR# 20208412483