122000109933

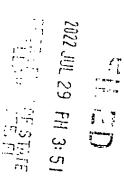
(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200391638842





A. BUTLER

OCT 2 4 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	PTO TRAD	ING ACADEN	MY GROUP, LL
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
Trease retain an envelopen	denier teniering in an initial	······································	
	ALEX (GIAM PIETA Name of Person	<u>'υ</u>
		Firm/Company	
	1064 M. E	5. 35 Th 57 Address	
ALEX G	CRYPTO E-mail address:	PARK FL. City/State and Zip Code TRAD ING ACA to be used for future annual report notifi	33354 DEMY. Com
	neerning this matter, please ea		
ALex G	AMPIETRO	a ₁ ,516, 903	3 - 3040 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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)
Mailing Addross		Street Address	

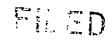
Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CRYPTO TRP	DING	ACA 1322	TIMPS PIGROUP,
(A Flori	da Limited Liability Con	npany) = 7	3 A SESTIFICACION OF THE PROPERTY OF THE PROPE
The Articles of Organization for this Limited Liability Florida document number <u>L 22 0001</u>		1	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability comp	any here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company	;" the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	RESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or register agent and/or the new registered office address here		our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street addres	
	Eil		
	City	, FI	orida 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
AMBR	Alex GIAMPIETRU	5079 N. DIXIE	
		HWY, OAKLAND PARK	Remove
		FL 33334	Change
AMBR		5079 N. DIXIE	X\dd
	USA, LLC.	HWY DAKLAND PAR	_ □Remove
		FL 33334	∐Change
MGR	UNIVERSAL	4020 GALT OCEAN	> Add
	BORDER	DR UNIT 211.	_
	CORPORATION	FORT LAUDERDALE FI	3 33 0 8 □Change
			□∧dd
			Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

						<u></u>				
	·									
										
-										_
										
							-			
								<u>.</u> -		
							··· ·			
ective date	, if other th	ian the date	of filing:					(optiona	ıl)	
cffective dat te:= 1f the da	e is listed, the ite inserted i	date must be spo n this block do	eific and ca es not me	annot be pri	ior to date of licable stati	filing or mor itory filing i	e than 90 da equiremen	ys after fili its, this da	ng.) Pursuar ite will not	nt to 605.0207 be listed as
		n the Departn					4			
•	es a delayed	effective date.	but not ar	i effective	time, at 12	:01 a.m. on	the earlier	of: (b)	The 90th d	ay after the
s filed.										
	7/2	1/22			01					
ted	1/00	1 23			7:[
	•	//	,/							
<u></u>	<u></u> . ·	Signat	ure of a me	mb er or ac	thorized rep	resentative of	a member			
		_		_						
			-	<i>/</i>	1.	DIE Esignee	10-			