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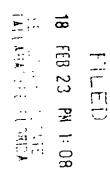
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COVER LETTER

Division of Cor	porations		
SURIECT: CC	yptocash LLC		
object.	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:	
	Fernando Bisi	Name of Person	
		Name of Person	
		Firm/Company	<u></u>
	15805 Biscay	Address	
	<u></u>	Address	
	North Miami	Beach, FL 33168	
	· · · · · · · · · · · · · · · · · · ·	Beach, FL 33166 City/State and Zip Code	· -
	bgammerman Empil address:	@ gmail. Com to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please of		Carlony
or further information c	oncerning this matter, prease of	an.	
Fernando B	isker	at (305) 952 Area Code Daytime	4101 (EXT 102)
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	_		
\$25.00 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)

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crypto cash LLC	Company or it now appears	n uur maande)
(Name of the Limited Liability (A Florida	Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co.	ompany were filed on 8	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here	:
Trust Hosting LLC		
Trust Hosting LLC The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Alu	
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	: F g z
		; 1 , тт
		# B 1
		23
Enter new mailing address, if applicable:	- N/A	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		2 0 0
3. If amending the registered agent and/or regist registered agent and/or the new registered office addronal Name of New Registered Agent:	r <u>ess here</u> :	our records, <u>enter the name of the</u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida	street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	

If Changing Registered Agent, Signature of New 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 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 = A	authorized Member ~ 1	\	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
			□ Change
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			Change
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			☐ Change

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Signature of a member or authorized representative of a me				
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