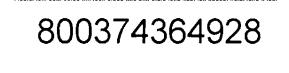
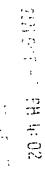
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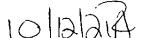
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Office Use Only



10/05/21--01019--015 \*\*25.00





# COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: A TO Z CI	RYPTO, LLC		
3000ECT	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brad Nickel		
		Name of Person	
		Firm/Company	
	7995 SW 195 Street		
		Address	
	Cutler Bay, FL 33157		
		City/State and Zip Code	
	bnickel@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Brad Nickel		305 297-2466	
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)	Sectificate of Status & Certified Copy (additional copy is enclosed)

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

A TO Z CRYPTO 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 1.18000028175	were filed on 01/31/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
505 LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u></u>
Enter new mailing address, if applicable:		_ <del></del>
Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	he name of the new registe
		prod pand
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	. •
	, Flor	rida Zip Code
	City	1) Zip Code
New Registered Agent's Signature, if changing Registered Agent:	_	点。 20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block incument's effective date on the Department.	k does not meet the appli-	cable statutory filing	(option fore than 90 days after fi g requirements, this o	ling.) Pursuant to 605.0207
ecord specifies a delayed effective c is filed.	late, but not an effective	ime, at 12:01 a.m. (	on the earlier of: (b)	The 90th day after the
Cantambar 3	2021			
September 3	<del></del> -			
ited				
	gnature of a member or auti			