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COVER LETTER

Division of Corporations	
SUBJECT: CRYPTOBASE TRADING LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
WALIO HASSAN Name of Person	
Firm/Company	
14020 FAIRWINDS CT ORLANDO FL,	32824
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
at () Name of Person	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

TO:

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number 21000/628/57 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 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

Title MGR	<u>Name</u>	Address	Type of Action
MR.	WALID HASSAN	14020 FAIRWINDS CT	□Add
		14020 FAIRWINDS CT OPLANDO, FL 32824	□Remove
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an effective d lote: If the	e, if other than the date of filing the is listed, the date must be specific and ate inserted in this block does not a fective date on the Department of S	d cannot be prior to date of fil meet the applicable statute	(option of the control of the contro	filing.) Pursuant to 605.020
record speci l is filed.	ies a delayed effective date, but not	t an effective time, at 12:0	l a.m. on the earlier of: (b)	The 90th day after the
ated O	106/2024		I	Q
_	Signature of a	member or authorized repres	entative of a member	
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Filing Fee: \$25.00