## 121000278333

(Requestor's Name)	
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PICK-UP WAIT M.	AIL
(Business Entity Name)	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	ECRYPTOMAR	T SOLUTION LLC	•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anthony Morales		
		Name of Person	
	MyUSACorporation.com		
		Firm/Company	
	1 Radisson Plaza, Suite 800	9	
	<del></del>	Address	
	New Rochelle, NY 10801		
		City/State and Zip Code	<del></del>
	info@myusacorporation.com	n o be used for future annual report n	otification)
For further information c	concerning this matter, please ca		,
Anthony Morales		877 3302677	
Name o	f Person	at () Area Code Dayı	ime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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 Addres		Street Address:	
Registration : Division of C		Registration S Division of C	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECRYPTOMART SOLUTION LI	LC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	<del></del>
The Articles of Organization for this Limited Liability Company were filed o Florida document number L21000278333	n06/15/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
		20
Enter new mailing address, if applicable:		<u> </u>
		133
		inc =
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, <u>enter the r</u>	iame of the new registers
		2111
Name of New Registered Agent:		
New Registered Office Address:		
	r Florida street address	
	, Florida	
City -		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 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	SAM STEWART	6500 ROBIN BLVD, WINNIPEG	□Add
		MB R3R 3P9, CANADA	□Remove
			= Change
			□Add
			□Remove
			□ Change
			106 Padd 111
			Change   3
			□Add
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Effective date, if other than the (If an effective date is listed, the date mu	e date of filing:	annot be prior to	date of filing or m	ore than 90 days after	onal) filing.) Pursuant to 605.0	207
Note: If the date inserted in this b document's effective date on the D	lock does not me	et the applicab	le statutory filin	g requirements, this	s date will not be listed	l as
as report execitive a dalayed affective	e date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier of: (b	) The 90th day after t	the
ord is filed.						

T-11 TO 03 T 04