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(Re	questor's Name)	
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(Ad	dress)	
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	пе)
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	1





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SECRETARY OF STATE



COVER LETTER

TO: Registration Se Division of Cor			
C.R.A.M.			•
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Carlos Lantugua		
		Name of Person	
	C.R.A.M. NFT LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	8904 SW 19th St		
		Address	
	Miramar FL 33025		
		City/State and Zip Code	
	carloslantigua@yahoo.com	be used for future annual report notif	Traction
For further information c	concerning this matter, please cal	•	(Callon)
Carlos Lantigua		760 571-4475 at ()	
Name o	of Person		: Telephone Number
Enclosed is a check for the	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 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

ability Company as it now appears on our records.) orida Limited Liability Company)	
ty Company were filed on 11/30/2021	and assigned
ā:	
limited liability company here:	
Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
ODRESS)	
2	TALLAHASSEE.
ered office address on our records, <u>enter the</u> re:	7AIE
Enter Florida street address	
, Florid	a Zip Code
	y Company were filed on 11/30/2021

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
MGR.	Carlos Lantigua	8904 SW 19th ST	[]\/dd
		Miramar, FL 33025	□Remove
			≡Change
			□Add
			[]Remove
			Change
			[]Remove
			□Change
			□Add
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			Change
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			□Change
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			[]Remove
			□Change

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Signature of a member or authorized representative of a member		() AC