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<u></u>	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
entified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE DEC - 5 2022	
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Office Use Only



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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/02/22

NAME:

CRYPTOARTGLOBAL LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

LIBIECT.		RTGLOBAL LLC				
Name of Limited Liability Company						
The enclosed	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
lease returi	all correspor	ndence concerning this matter t	o the following:			
		FEDERICO HAUSAMMA	NN			
			Name of Person			
			Firm/Company			
	1951 NW SOUTH RIVER DR STE 1007					
			Address			
		MIAMI FL 33125				
			City/State and Zip Code			
		INFO@FEDEHAUS.COM				
		E-mail address: (t	o be used for future annual report notific	ration)		
For further i	nformation co	oncerning this matter, please ca	ill:			
FEDERICO HAUSAMMANN 305 934-1665 at () Name of Person Area Code Daytime Telephone						
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e 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)		

Registration Section

Division of Corporations

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



CRYPTOARTGLOBAL ELC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability (Company were filed on MAY 19 202	2 and assigned
Florida document number 1.22000215566		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
NEW ART VANGUARD LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
F-1		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		. Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties gent as provided for in Chapter 6 ed office address, I hereby confirm	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signate	are 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
			□Add
			□Remove
			□ Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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	12	/2/2022			
Effective date, if other than the diff an effective date is listed, the date must	ate of filing:		of filing or more than	(optional) 90 days after filing.) Pu	rsuant to 605.0207
Note: If the date inserted in this bloc	k does not meet t	he applicable sta			
document's effective date on the Dep	artment of State :	s records.			
1	1 . 1	re .:	12.01	i cala mi a	nd t G d
e record specifies a delayed effective rd is filed.	date, but not an er	rective time, at	12:01 a.m. on the e	earlier of: (b) The 90	An day after the
DECEMBER 2	20	22			
Dated		<u> </u>			
Dated	= T	۸			
*	The				
*	ignature of a memb	er or authorized re	presentative of a me	mber	

Filing Fee: \$25.00

COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJECT: Name of Limited Liability Company						
						The encl
Please re	turn all correspo	ondence concerning this matter	to the following:			
		FEDERICO HAUSAMMA	ANN			
		-	Name of Person			
			Firm/Company			
		1951 NW SOUTH RIVER	DR STE 1007			
			Address			
		MIAMI FL 33125				
		INFO@FEDEHAUS.COM	City/State and Zip Code			
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:	_		
	CO HAUSAMN		305 934-1665 at ()			
	Name o	f Person	Area Code Daytime Telephone No	ımber		
Enclosed	l is a check for th	ne following amount:				
□ \$ 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)		
Mailing Address: Registration Section			Street Address: Registration Section			
Division of Corporations		orporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303