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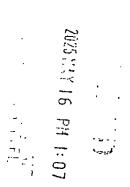
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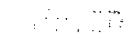
Docusign Envelope ID: 9F5F1330-2A56-401A-97D0-424FAE2D8778 COVER LETTER

TO: Registration S Division of Co			
	Cala, LLC		
SUBJECT:	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:	
	Jose Fidel Parjus		
		Name of Person	
	Blue Trade Cala, LLC		
		Firm/Company	
	1100 Lee Wagener Blvd.,	STE 311	
	-	Address	,,
	Fort Lauderdale, FL 33315	5	
	accounting@bluetrade.ai	City/State and Zip Code	· · · ·
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Jose Fidel Parjus		954 990-8662 at ()	Telephone Number
Name o	of Person	Area Code Daytime	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)	S60.00 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

Docusign Envelope ID: 9F5F1330-2A56-401A-97D0-424FAE2D8778 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2025 HAY 16 PH 1: 08

Blue Trade Cala, LLC

(A Florida Lin	ited Liability Company)	on our records.	for the
The Articles of Organization for this Limited Liability Com	pany were filed on 07/2	9/2022	and assigned
Florida document number L22000335653			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>°</u> ;	
Blue Trade Al, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	fice address on our re	cords, <u>enter the nam</u>	e of the new regist
ngent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	England Elland	Le con tak and du an	
	Enter Florida street address		
	City	, Florida	Zin Coda
	•		z.p c.oae
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp			
accept the obligations of my position as registered agent	as provided for in Cl	hapter 605, F.S. Or.	if this document is
being filed to merely reflect a change in the registered o	ffice address, I hereby	confirm that the lin	nted liability

company has been notified in writing of this change.

Docusign Envelope ID: 9F5F1330-2A56-401A-97D0-424FAE2D8778
It amending Authorized rerson(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>	Name	Address	Type of Action
			□Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			Remove
			□Remove
			□ Change

Effective date, if other than the date of filing: If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.9207 Nate: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated April 22 2025 Pose field Porgue Signature of a member of Math/97/20 representative of a member		
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Jose Fidel Parjus		
Signature of a member of antiforized representative of a member	Dated April 22	2025
Signature of a member of antificative of a member	Dated April 22	2025 DocuSigned by:
		Jose Fidel Parjus

Filing Fee: \$25.00