L23000313784

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Stdy State/21ght Halle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

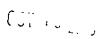




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COVER LETTER

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Tallahassee, FL 32314

TO:	Registration Solution of Co					
SUBJEC		DEPTO, LLC				
SUBJEC	LI;	Name of Lim	ited Liability Company			
The enci	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ro	eturn all correspo	ondence concerning this matter	to the following:			
		ANDRES G TORO				
			Name of Person			
		CRYPTO DEPTO, LLC				
		Eirm Company 623 ORCHID LANE				
		623 ORCHID LANE				
		•	Address			
		ALTAMONTE SPRINGS, FL 32714				
		City/State and Zip Code				
		ANDRESGERARDO12286	-			
For furth	ner information o	n-mail address: (concerning this matter, please or	to be used for future annual report noti all:	fication)		
	S G TORO	,	321 9147369			
	Name o	of Person	at ()	e Telephone Number		
Enclosed	d is a check for t	the following amount:				
■ \$25.	.00 Filing Fee	S30.00 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 Addre		<u>Street Address:</u>			
	Registration	Section	Registration Se			
	Division of C P.O. Box 63:		Division of Cor The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYPTO D	EPTO, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{06/30/2023}{}$	and assigned	
Plorida document number 1.23000313784			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o		
Enter new principal offices address, if applicable:		20211 6	
		<u></u>	
<u>Principal office address MUST BE A STREET ADDRESS</u>		27 -	
		مس. د ک	
Enter new mailing address, if applicable:		ند. غري	
		'.∻	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ce address on our records, <u>enter th</u>	e name of the new registe	
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	City	da 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 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	ADRIAN MATIAS PERALTA	623 ORCHID LANE.	
		ALTAMONTE SPRINGS, FL 32714	<u>_</u>
			Change
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ffective date, if other than the fan effective date is listed, the date must	date of filing:	07 10/2023 :			(optional)	
fan effective date is listed, the date must Note: If the date inserted in this blu locument's effective date on the De	ock does not me	ect the applica	o date of filing o ble statutory fi	r more than 90 da ling requiremei	ys after filing.) Pu its, this date wil	rsuant to 605,0207 (I not be listed as t
record specifies a delayed effective d is filed.	: date, but not a	m effective tin	ne, at 12:01 a.i	n, on the earlier	of: (b) The 9	0th day after the
DatedDATE		2023				
Pated		/	-			
					_	
	Signature of a m	enther or author	ized reproventat	ve of a menther		

Typed or printed name of signee





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2023

ANDRES G TORO 623 ORCHID LANE ALTAMONTE SPRINGS, FL 32714 US

SUBJECT: CRYPTO DEPTO, LLC Ref. Number: L23000313784

We have received your document for CRYPTO DEPTO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing officer address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 323A00021577

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