L24000492625

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

Office Use Only



800441140668

12/17/24--01009--027 **25.00

SECRETARY OF STATE TALLAHASSEE, FL

024 DEC 17 PM 2: 4

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
CHDIPOT	The Crypto Round Table LLC				
SUBJECT:	· ·	Name of Limited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Juan Schroth			
			Name of Person		
			Firm/Company		
		1308 E Ellis DR			
			Address	.	
		Tempe, AZ 85282			202 SE
			City/State and Zip Code		2024 DEC 17 PH 2: 42 SECRETARY OF STATE TALLAHASSEE, FL
		E-mail address: (to be used for future annual report not	fication)	AH.
For further in	nformation c	oncerning this matter, please c	all:		SSE PA
David Potter			678 372-2116 at (2: 42 E. FL
	Name o	f Person		e Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Cor The Centre of T	porations		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ty Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number L24000492625	Tompany were filed on November 21,	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Walk The Block LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	<u> </u>	
		<u> </u>
		ORE OR
Enter new mailing address, if applicable:		A DEC 17 PM 2: CRETAGY OF ST TALLAHASSEE.
(Mailing address MAY BE A POST OFFICE BOX)		-
		F S 2 4
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>en</u>	ter the name of the bewiregistered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			SECULE TALL
			TALLAHIASS O
			SECRETADISSEE FL DATE AND SECRETADISSEE FL D
			Change
			□Remove
			□ Change
			□Remove
			Change

Typed or printed name of signee