P180000 16358

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	J. HORNE DEC 12 2024	
	UEC 1 2 2024	

Office Use Only



400439507044



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: CRYP CORP		
DOCUMENT NUMBER	R: P18000016358		
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspo	ndence concerning this ma	utter to the following:	
NI	NОТСИКА НЕСИТ		
	<u> </u>	Name of Contact Person	1
FA	AST FILING SERVICES I	LLC	
_	<u> </u>	Firm/ Company	
10	450 NW 33RD ST STE 30	• •	
_		Address	
DO	ORAL, FL 33172		
_		City/ State and Zip Code	2
fas	stfilingservices@gmail.cor	n	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, plea	se cali:	
Ninotchka Hecht		786 at (762-2048
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Division P.O. Bo	2 Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2024 NOV 15 PH 5: 17

ration as currently filed with the Florida Dept. of State)
ocument Number of Corporation (if known)
orida Statutes, this Florida Profit Corporation adopts the following amendment(
ne corporation:
The new Corporation," "company," or "incorporated" or the abbreviation "Corp.," Inc," or "Co". A professional corporation name must contain the word bbreviation "P.A."
5960 NW 99th Ave. Unit 2
ADDRESS) Doral, FL 33178

BOX) 5960 NW 99TH Ave. UInit 2
Doral FL 33178
istered office address in Florida, enter the name of the
red office address:
(Florida street address)
. Florida
(City) (Zip Code)
//////////////////////////////////////

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John Do	<u>)e</u>							
X Remove	<u>v</u>	Mike Jo	nes							
X Add	<u>sv</u>	Sally Sn	<u>nith</u>							
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>A</u>	<u>idres</u> s			
1) Change		_			 					
Add										
Remove						_				
2) Change		_		·						-
Add						_				
Remove 3) Change		_								
Add										
Remove									_	
4) Change		_			 <u> </u>					
Add										
Remove										_
5) Change		_		_	 					
Add										
Remove										
6) Change		_	-		 			_		
Add										
Remove								_		

(Attach addition	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific) OF THE COMPANY WILL BE: PURCHASE AGENT SERVICES. BROKER SERVICES	•
TRADE AND CO	MMERCIAL REPRESENTATION, WHOLESALE OF DURABLE GOODS	•
IMPORT AND EX	PORT ACTIVITIES AND ANY AND ALL LAWFUL BUSINESS	
		_
		· <u> </u>
		
		_
		<u> </u>
		
		<u>_</u>
provisions for	nt provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself: licable, indicate N/A)	
 -		
·		

date this document was signed.	adoption:, it other than
•	
	(07.1303.1
Effective date <u>if applicable</u> :	/06/2024
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	••
-	(voting group)
11/06/202 Dated	24
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	ALEXIS BOSCAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Signature: Alexir Boscan (Nov 7, 2074 (0.29 EST)

Email: crypcorporation@gmail.com