h21000153681

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COVER LETTER

TO: Registration Se Division of Cor		· . ,	ī
Hotspot Ne		•	:
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy Herndon		
		Name of Person	<u> </u>
	Hotspot Network LLC		
		Firm/Company	
	12574 Flagler Center Blvd	, Suite 101	
		Address	
	Jacksonville, FL 32258		
		City/State and Zip Code	
	tim@stakingadvisors.com		(6-2)
For further information c	e-mail address: (to be used for future annual report not all:	incation)
Tim Herndon		904 494-6161 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	
Division of C	Corporations	Division of Co	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Hotspot Network, LLC

2022 JUH 21 PH 2: 54

(A Florida Lin	ompany as it now appears on our records of nited Liability Company)	METARY OF CAL ARASSEE, FLOO
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number L21000153681		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Staking Advisors LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	ffice address on our records, <u>enter th</u>	e name of the new regist
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter th	e name of the new regist
agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new regist
	ffice address on our records, enter th	e name of the new regist
agent and/or the new registered office address here:		e name of the new regist
Name of New Registered Agent:	ffice address on our records, enter the	e name of the new regist
Name of New 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 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			Change
			Remove
			□Change
			□Remove
			☐ Change

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