# L21000219021

| (Re                     | questor's Name)   | · · · · · · · · · · · · · · · · · · · |
|-------------------------|-------------------|---------------------------------------|
| (Ad                     | dress)            |                                       |
| (Ád                     | dress)            |                                       |
| (Cit                    | y/State/Zip/Phone | <del>= #)</del>                       |
| PICK-UP                 | ☐ WAIT            | MAIL                                  |
| (Bu                     | siness Entity Nan | ne)                                   |
| (Do                     | cument Number)    |                                       |
| Certified Copies        | _ Certificates    | of Status                             |
| Special Instructions to | Filing Officer:   |                                       |
|                         |                   |                                       |
|                         |                   |                                       |
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Office Use Only

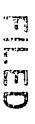


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ALBRITTON

# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 6/1/2021           |   | **WALK [N**                           |
|-------------------------|---|---------------------------------------|
| ENTITY NAME HUT CAF     | PITAL LLC   |                                       |
|                         |   | · · · · · · · · · · · · · · · · · · · |
| DOCUMENT NUMBER         |   |                                       |
|                         | **PLEASE FILE THE ATTACHED AND RETUR                                | W**                                   |
| XXXX                    | Plain Copy  | An Internation                        |
| •                       | Certified Copy  |                                       |
|                         | Certificate of Status   | •                                     |
|                         | Certified Copy of Arts & Amendments<br>Certificate of Good Standing | -                                     |
|                         | **APOSTILLE' / NOTARIAL CERTIFICATIO                                | 7N**                                  |
| COUNTRY OF DESTINATION  | DN  | *                                     |
| NUMBER OF CERTIFICATI   | ES REQUESTED  |                                       |
| TOTAL OWED \$25.00      | ACCOUNT #   | : I20160000072                        |
|                         | ·   | · /*                                  |
| Please call Tina at the | above number for any issues or concerns,                            | Thank you so much!                    |

### **COVER LETTER**

| TO: Registration Sect<br>Division of Corp      | ion<br>orations                  |  |  |
|--|----------------------------------|--|--|
| HUT CAPIT                                      | AL LLC                           |  |  |
| SUBJECT:                                       | Name of Limite                   | d Liability Company                    |  |
|  | to and for (a) are subm          | dued for filing.                       |  |
|  |                                  |  |  |
| Please return all correspon                    | dence concerning this matter to  | o the following.                       |  |
|  | Fabrizio Lengua                  |  |  |
|  |                                  | Name of Person                         |  |
|  | Captral LLC                      |  |  |
|  |                                  | he following:    Name of Person        |  |
|  | 5511 Parkerest Dr. Suite 20      | 7                                      | Address  te and Zip Code  for future annual report notification) |
|  |                                  | Address                                |  |
|  | Austin, TX 78731                 |  |  |
|  |                                  | City/State and Zip Code                |  |
|  | fulfillment@zenbusiness.co       | n be used for future appual report not | (fication)   |
|  |                                  |  |  |
| For further information c                      | oncerning this matter, please ea |  |  |
| Fabrizio Lengua                                |                                  | at (                                   | Talankona Number   |
| Name o   | f Person                         | Area Code Dayun                        | ne reichtune istimize  |
| Enclosed is a check for the                    | he following amount:             |  |  |
| ■ \$25.00 Filing Fee                           |                                  | Certified Copy                         | Certificate of Status &<br>Certified Copy                        |
| Mailing Addre<br>Registration<br>Division of 6 | Section                          | Registration So<br>Division of Co      | orporations  |
| P.O. Box 63                                    | 27                               | The Centre of 2415 N. Monr             | Tallahassee<br>oe Street, Suite 810                              |
| Tallahassee.                                   | FL 24314                         | # 11 b T                               | 1 22702  |

. . . .

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HUT CAPITAL LLC   |  |                            |
|---|--|----------------------------|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited   | any as it now appears on our records.)<br>Liability Company) | <del></del>                |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000219021</u> | y were filed on 05/11/2021                                   | and assigned               |
|   |  |                            |
| This amendment is submitted to amend the following:   |  |                            |
| A. If amending name, enter the new name of the limited liab   | bility company here:   |                            |
| HUT CAPITAL HOLDINGS LLC  |  |                            |
| The new name must be distinguishable and contain the words "Limited Liab                                    | ility Company," the designation "LLC" or                     | the abbreviation "L.C."    |
| Enter new principal offices address, if applicable:   |  | 22                         |
| (Principal office address MUST BE A STREET ADDRESS)   |  |                            |
|   | -  |                            |
|   |  | <b>P O</b>                 |
| Enter new mailing address, if applicable:   |  |                            |
| (Mailing address MAY BE A POST OFFICE BON)  |  |                            |
|   |  | · · ·                      |
| B. If amending the registered agent and/or registered office  | address on our records, enter the                            | name of the new registered |
| agent and/or the new registered office address here:  | <u> </u>   |                            |
|   |  |                            |
| Name of New Registered Agent:   | <u> </u>   | <del></del>                |
| New Registered Office Address:  |  |                            |
|   | Enter Florida street address                                 |                            |
|   | , Florid   |                            |
|   | 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

| Title | <u>Name</u>        | Address             | Type of Action  |
|-------|--------------------|---------------------|---|
| MGRM  | Michael Hutchinson | 1245 Sharazad Blvd  |   |
|       |                    | Unit 1              | □Remove   |
|       |                    | Opa-łocka, FL 33054 | Y. 1.   |
|       |                    |                     | □Add  |
|       |                    |                     | Lyteral (CV).<br>———————————————————————————————————— |
|       |                    |                     | L_Change  |
|       |                    |                     | □Add  |
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| Tective date, if other than an effective date is listed, the date ofer. If the date inserted in the determinant's effective date on the | must be specific and can<br>s block does not meet | not be prior to date o<br>the applicable stat | filling or more than 9 | (optional)<br>0 days after filing.) Pu<br>ments, this date wil | rsuant to 605,020<br>I not be listed a |
| e record specifies a dela<br>The 90th day after the   |   | e, but not an ef                              | fective time, at       | 12:01 a.m. on  | the earlier o                          |
| 05/28<br>nted   |   | 021   |                        |  |  |
|   | Micha   | el Hute                                       | hinson                 |  |  |
|   |   | · .   |                        |  |  |
| <del></del>   | Signature of a mem                                | ber or authorized rep                         | resentative of a mem   | ber ',   |  |

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Filing Fee: \$25.00