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SECRETARY OF SUCKE AND SECRETARY OF SUCKE AND SECRETARY OF SUCKE AND SUCKE A

COVER LETTER

TO: Registration S Division of Co.		
SUBJECT:	Alpha Crypto Miner, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Paul Gutierez Name of Person	
	Name of Person	
	Alpha Crypto Miner, LLC	
	Firm/Company	
	7407 Green Tree Dr. Address	
	Address	
	City/State and Zip Code Hor mining coe amail. Com E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	401 mining coe amail com	
For further information co	oncerning this matter, please call:	
Paul Cutico	at(
Name of	Person Area Code Daytime Telephone Number	-
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tatus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahaccae El 20214

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION	ON .	
OF	2022 JUN 13	PM 12: 29

SECRETARY OF STATE

Alpha Crypto Miner, LLC TALL AHASSEE, FLEE (Name of the Limited Liability Company as it now appears on our records.)

(A Monda Limited	manning Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000532821</u>	were filed on $12/28/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.E.C." or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	7407 Green Tree D= Orlando, FL 32819
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32819
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7407 Green Tree Dr Orlando, FL 32819
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Fiorida street address
	Florida

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.

City

Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
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_____ □Remove

		
		
		
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Effective	ve date, if other than the date of filing: (optional)	
If an effecti	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P	ursuant to 605.0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi ent's effective date on the Department of State's records.	in not be usied as th
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