422000316891

| (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



000393730140

09, 08, 32+-010 . x--1.a - **-1. . 1

SECRETARY OF STATE

COVER LETTER

| TO: Registration S- Division of Co | | • | • |
|--|--|--|--|
| | , QUISTTIONS | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | MICHAEL CRUMP | | |
| | | Name of Person | |
| | HODL ACQUISITIONS | | |
| | | Firm/Company | |
| | 4750 SW 152ND WAY | | 20 S |
| | | Address | 22 S FECR TAI |
| | MIRAMAR/FL/33027 | | EP - |
| | MIKE.A.CRUMP@GMAII | City/State and Zip Code | 2022 SEP -8 PM 2:5 SECRETARY OF STATALLAHASSEE.FI |
| | E-mail address: (| to be used for future annual report notification) | in a second of the second |
| For further information of | concerning this matter, please c | all: | TANK OF |
| MIKE CRUMP | | 954 470-4334 at () | |
| Name o | of Person | Area Code Daytime Telepho | ne Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 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) |
| Mailing Addre Registration Division of C | Section Corporations | Street Address: Registration Section Division of Corporation | |
| P.O. Box 632 | 27 | The Centre of Tallahas | see |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HODL ACQUISITIONS LLC | | |
|--|---|--------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) .tability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on JULY 18TH, 2022 | and assigned |
| Florida document number L22000316891 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | 2022 SEC TA |
| (Mailing address MAY BE A POST OFFICE BOX) | | SEP SEP |
| | | * > |
| B. If amending the registered agent and/or registered office a | | J) ~ Carrers |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the</u> | (17) (17) |
| | | 2: 5 |
| Name of New Registered Agent: | | m F |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | isher i waa siree aan ess | |
| | , Florid | 1 Zip Code |
| | Cuy | zip Coae |

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> | Address | Type of Action |
|--------------|-------------|-------------------|-----------------|
| CEO | MIKE CRUMP | 4750 SW 152ND WAY | = Add |
| | | MIRAMAR, FL 33027 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| *** | | | □Add |
| | | | SECRE AR TALLAR |
| | | | AHASSEE, FIA |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | |

| | | 2 |
|--------------------------|--|-----------------------------|
| | TAC | # 022 SI |
| | | |
| | | - & - # |
| | in to the second | PH 2: |
| | | ÷ 51 |
| | | |
| | | |
| | | |
| | | |
| lf an ei <u>Note:</u> | tive date, if other than the date of filing: | to 605.0207 be listed as |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day filed. | y after the |
| rd is i | 1 0 H | |
| | Aust S. Zozz. | |
| | Augst 576 . 2022. | |
| | Signature of a member of anthorized representative of a member | |

Filing Fee: \$25.00