

L18000000007915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

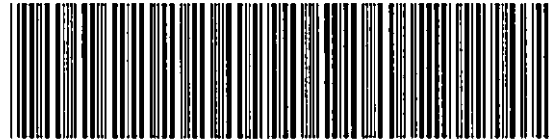
(Business Entity Name)

(Document Number)

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2019 AUG 23 PM 2:31
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TALLAHASSEE, FLORIDA

19 AUG 23 PM 1:45

AUG 23 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJI HYBRID INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROB UDELL

Name of Person

CJI MANAGEMENT LLC

Firm/Company

2823 ST JOHNS BLUFF RD SOUTH

Address

JACKSONVILLE, FL 32246

City/State and Zip Code

ROB.UDELL@CJHOLDINGS.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ROB UDELL

904 755-9002
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|---|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CJJ HYBRID INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 09, 2018 and assigned
Florida document number 118000007915

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HYEXPECTATIONS HYBRID INVESTMENTS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

150 COLUMBUS AVENUE, UNIT 26A

NEW YORK, NEW YORK 10023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

150 COLUMBUS AVENUE, UNIT 26A

NEW YORK, NEW YORK 10023

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CJJ MANAGEMENT LLC	2823 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROB UDELL	2823 ST JOHNS BLUFF RD S JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CEO	JEFFREY STONE	150 COLUMBUS AVENUE, UNIT 26A NEW YORK, NEW YORK 10023	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
CFO	JEFFREY STONE	150 COLUMBUS AVENUE, UNIT 26A NEW YORK, NEW YORK 10023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JEFFREY STONE	150 COLUMBUS AVENUE, UNIT 26A NEW YORK, NEW YORK 10023	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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 ALACHUA COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ALLAHASSET, FL DRIN

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 16, 2019

Robert Udell

Signature of a member or authorized representative of a member

ROB UDELL

Typed or printed name of signee