

L20000173890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

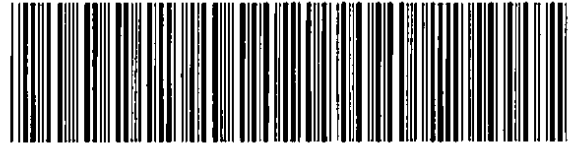
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600416425826

10/02/23--01027--003 ++30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 NOV -7 PM 3:10

Y. SCOTT

NOV - 9 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2023

SHELDON E. JACOBSON II  
716 BOYLSTON ST.  
LEESBURG, FL 34748

SUBJECT: LUNAR FLOWER HEMP SUPPLY, LLC  
Ref. Number: L20000173890

We have received your document for LUNAR FLOWER HEMP SUPPLY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 723A00023866

000000

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lunar Flower Hemp Supply  
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:

Sheldon E Jacobson II

Name of Person

~~Sheldon E Jacobson II~~ SJKS Innovations, LLC

Firm/Company

716 Boylston St

Address

Leesburg, FL 34748

City/State and Zip Code

sheldon.jacobson@gmail.com

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 NOV -7 PM 3:10

For further information concerning this matter, please call:

Sheldon E Jacobson II 352 267-7065  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Lunar Flower Hemp Supply, 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 June 26, 2026 and assigned  
Florida document number 120000173890

This amendment is submitted to amend the following:

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

~~XXXXXXXXXX~~ SJKS Innovations, 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)**

716 Boylston St.

Leesburg, FL 34748

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

716 Boylston St.

Leesburg, FL 34748

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 NOV -7 PM 3:10

**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	Katlyn Alexandra Sartoris	716 Boylston St	<input checked="" type="checkbox"/> Add
		Leesburg, FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 NOV 27 PM 3:10

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2023 NOV -7 PM 3: 10

**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 ~~October 24th~~ October 31st, 2023

*Sheldon Jacobson II*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Sheldon E Jacobson II

Typed or printed name of signee