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Office Use Only



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2021 OCT 12 AM 9: 03 SECRETARY OF STATE STATE ANASSEE, FL

## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations		
H & J Inno	ovations, LLC		
	Name of Lin	nited Liability Company	<del></del>
			•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Max Arocha		
		Name of Person	
		Firm/Company	
	1125 S University Dr		
		Address	<del>-</del>
	Plantation, FL 33324		
		City/State and Zip Code	<del></del>
	max.arocha@usa.net		
		to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Max Arocha		954 432-7771 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address:	
Division of C		Registration Sec	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

H & J innovations, LLC

2021 OCT 12 AM 9: 03

(Name of the Limited Liability Company as it now appears on our records) FCRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on September 9th, 2021 \_\_\_\_\_ and assigned Florida document number <u>L210004002</u>68 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 🌉 Cuv

## 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 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
MGR	Max Arocha	1125 S University Dr Plantation, FL 33324	■Add
		·	□Remove
			Change
			□Add
			□Remove
			□Change
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Please replace/edit existing co	ontent OF: Collection of digital illustration (NFTS) Traded on the Ethereum blockchai
BY: Collection of digital art e	:-commerce
	October 6, 2021
<b>Live date, if other than the d</b> Rective date is listed, the date must be	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
. If the date inserted in this bloc ment's effective date on the Der	ck does not meet the applicable statutory filing requirements, this date will not be lister
rd specifies a delayed effective.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after to
October 6	2021
	1