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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Tallahassee; FL 32314

TO: Registration Se Division of Co			
Heyu Digi			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Alderman		
	,	Name of Person	
	Heyu Digital LLC		
		Firm/Company	
	6033 NW 118th Drive		
		Address	
	Coral Springs, Florida, 330	076	
	matthewaldermann@gmail.	City/State and Zip Code com to be used for future annual report notif	lication)
For further information (concerning this matter, please ca		,
Matthew Alderman		954 415-6625 at ()	
Name (of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	the 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		Street Address:	etion
Registration Division of 0	Section Corporations	Registration Sec Division of Cor	
P.O. Box 63		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAY 27 PM 10: 03

Heyu Digital LLC

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

TALLAHASSEE, FL

·	
The Articles of Organization for this Limited Liabilit	y Company were filed on February 23, 2022 and assigned
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new regis</u> re:
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 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>	Name	Address	Type of Action
MGR	Matthew Alderman	6033 NW 118th Drive	□Add
			■Remove
			□Change
			□Add
			□Remove
			☐ Change
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fective date, if other than the confective date is listed, the date must ote: If the date inserted in this blooming the content's effective date on the Department's	date of filing: be specific and canno ck does not meet the	ie applicable sta	f filing or more than state of the filing required	(optional) 0 days after filing.) Pure ements, this date will	suant to 605.0207 not be listed as
ecord specifies a delayed effective is filed.	date, but not an ef	fective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90	th day after the
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May 24th		·			
ated May 24th					

Filing Fee: \$25.00