(Re	questor's Name)	·
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(8u:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer	
		i
	J. HORNE MAR 22200	ద్ర

Office Use Only



200446561952

2025 HAR 21 AM 11: 36

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

H & J Capital LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1	
At 1/2/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Jighatare /	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name To the Control of the Control o	UCC 11 Search
Name Date Time	UCC 1! Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO;	Registration Sect Division of Corpo			
SUBJI	CCT:	H & J Name of Lin	oited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		Ten	ny Wyygen 1 Name of Person	pinh
		<u> </u>	Japital U	<u>C</u>
		4142	Cravanel D	<u></u>
		Port Pinhlan E-mail address: (City/State and Zip Code Lity/State and Zip Code Lity/State and Zip Code A City/State and Zip Code A City/State and Zip Code	FL 33950 a'l. com
For furt	her information con	cerning this matter, please c	all:	
-	Je 17 N (A) Name of P	erson Din B	at 703 9 43 Area Code Daytime	OLO S Telephone Number
Enclose	d is a check for the	following amount:		
₪ /s 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 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	2025 HOLD STORY
(Name of the Limit	ed Liability Company as it now appears on (A Florida Limited Liability Company)	OUT records.)
The Articles of Organization for this Limited L Florida document number <u>LL 2200</u>	iability Company were filed on	and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u></u>
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our fice address here:	records, enter the name of the new
Name of New Registered Agent:	Jenny No	Juyen Diog
New Registered Office Address:	4142 Gray Enter Florida str	chor DG
	Port charlotte	, Florida <u>FL 33950</u>
New Registered Agent's Signature, if changing F	legistered 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.

/S/

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

or removed	Authorized Person(s) authorized to mana from our records:	age, enter the title, name, and address of each	person being added
MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MOTR	_ Ha s Dinh	837 Centrillion Or Mclean VK 9202	D/dd
			Remove
			Change
MGR	Jenny rigogen Durch	VA 22102	7_CLARD
		VA ZZIC Z	Remove
			Change
AMRR	Vo Khuomg Khanh	gort charlotte FL 3393	
		100	Remove
			_□ Change
			_D Add
			_□ Remove
			Change
			_D Add
			_□ Remove
			_ Change
			_□ Add
			_□ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: (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 03 21 25
Signature of member or ulathorized representative of a member
Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00