

N220000003309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

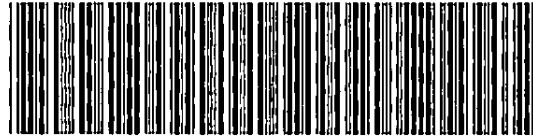
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

AW
6/15



Jonathan B. Kim, P.A.
122 Sevilla Ave, Suite 1423
Coral Gables, FL 33134
(305) 215-1553
jbk@jbkpa.com
www.jbkpa.com

Admitted: CT, DC, FL, GA, MA, NY

22 April, 2022

VIA USPS – EXPRESS DELIVERY

Amendment Section
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FL

Re: Crypto-Blockchain Bar Association, Inc. – Document #: N22000003309

Dear Sir or Madam:

Pursuant to my email correspondence, dated 04/22/22, with Terri Schroeder, Regulatory Specialist III at the Division of Corporations (see copy attached) please see enclosed Articles of Amendment for the above-referenced entity and a check for the required fee of \$35.00.

The amendment is simply to correct the order of my name on your Sunbiz website in the Officer/Director Detail section so that it reads as follows:

Title PTS
KIM, JONATHAN B
123 SEVILLA AVE STE 1423
CORAL GABLES, FL 33134

My name was listed that way in the Articles of Incorporation I originally submitted via USPA to the DOS (copy enclosed), which were approved on 03/15/22. However, I believe my name may have been manually entered in the wrong order on Sunbiz when the information was transposed over to the Sunbiz website.

Sincerely,

A handwritten signature in cursive script that reads "Jonathan B. Kim".
Jonathan B. Kim

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CRYPTO-BLOCKCHAIN BAR ASSOCIATION, INC.

DOCUMENT NUMBER: N22000003309

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JONATHAN B. KIM

(Name of Contact Person)

JONATHAN B. KIM, P.A.

(Firm/ Company)

122 SEVILLA AVE STE 1423

(Address)

CORAL GABLES, FL 33134

(City/ State and Zip Code)

JBK@JBKPA.COM

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

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DIVISION OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

JONATHAN B. KIM

(Name of Contact Person)

at (305) 215-1553

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment
to
Articles of Incorporation
of

CRYPTO-BLOCKCHAIN BAR ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N22000003309

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

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

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
-------------------------------	-------	------	---------

1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	PTS	KIM, JONATHAN B.	122 SEVILLA AVE STE 1423 CORAL GABLES, FL 33134
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Lined area for text entry.

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

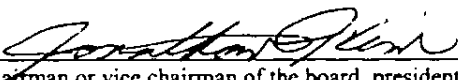
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 04/22/2022

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JONATHAN B. KIM
(Typed or printed name of person signing)

PRESIDENT, TREASURER, SECRETARY
(Title of person signing)

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