L10000043370

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Prione #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

HI TENSION LLC

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:

NOELIA ESTHER DECOUD

Name of Person

HI TENSION LLC

Firm/Company

3971 NW 9 TH AV #6

Address

DEERFIELD BEACH, FL 33064

City/State and Zip Code

noeliareo@gmail.com

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

For further information concerning this matter, please call:

Noelia Decoud

,954<u>,529-508</u>1

Cliffort Franchine

Name of Person

Enclosed is a check for the following amount:

20. box 0327 1977 24 14 15 12 12

But and the winds

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee & Certified Copy

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

2 - 1 - 3 - 1 - 2 - 3 - 4

STREET/COURIER ADDRESS:

Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
----Tallahassee; FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HI TENSION 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 04/22/2010 and assigne Florida document number L10000043370 .	d
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 end with the words "Limited Liability Company," the designation "LLC" or the abbre "L.L.C."	viation
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 registered agent and/or the new registered office address here:	e new
Name of New Registered Agent:	F)
New Registered Office Address:	— Ti
Enter Florida street address	

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DECOUD, LAURA L	3971 NW 9 TH AV #6	Add
		DEERFIELD BEACH, FL 3306	4 Remove
			Add
			Remove
			Add
			Remove
			-
			_
			_ <u> </u>
			_ Add
			Remove
		·	
	· · · · · · · · · · · · · · · · · · ·		Add _ Remove

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

NOVEMBER 09 , 2012
the et New V
Inguaruse of a member or authorized representative of a member NOELIA ESTHER DECOUD
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00