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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

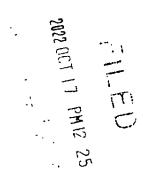
Office Use Only



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## **COVER LETTER**

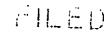
TO: Registration S Division of Co			
HYPETE	SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Name of Line	ned training company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Dan Sarfati		
		Name of Person	<u> </u>
	Sarfati Corporate Law PA		
		Firm/Company	
	2670 N.E. 215th Street		
		Address	
	Aventura, FL 33180		
	Dan@sarfatilaw.com	City/State and Zip Code	<del> </del>
	E-mail address: (	to be used for future annual report	notification)
For further information	concerning this matter, please ca	ıll:	
Dan Sarfati, Esq.		305 4671807	
Name	of Person	at ()	ytime 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	
Registration Division of C		Registration Division of	Corporations
P.O. Box 63:	-		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 OCT 17 PM 12 25 Hypetek Solutions 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 \_\_\_\_\_ and assigned Florida document number \_\_\_ \_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HyperTek Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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 \_\_\_\_

## 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.

City

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
			□ Add
			□Remove
			□Change
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ote: If the d	ate is listed, the date late inserted in this fective date on the	s block does no	ot meet the app	licable statutory	or more than 90 do filling requirement	iys after filing.) Pur nts, this date will	suant to 605.0207 not be listed as
record specit is filed.	ies a delayed effe	ctive date, but	not an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 90	th day after the
Octobe	er 12		2022				
ated	,		_ `	·			

TO:11 TO 05 # 04

Typed or printed name of signee