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D. BRUCE

DEC 20 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hyper Group, LLC (Name of Limited Lia	hility Company)	
(Name of Limited Lia	omity Company)	
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for	
Please return all correspondence concerning this m	atter to:	
Tony Pardo		
(Contact Person)		
(Firm/Company)		
1844 Nob Hill Rd #118	DEC 17 PH 12: 39 CAETARY OF STATE LAHASSEE, FLORIO	
(Address)	SER 7	
Plantation, Fl 33322	PHIZ: 39 OF STATE FLORIDA	
(City/State and Zip Code)	RA 3 80년	
For further information concerning this matter, plea	aĒ-ia	
Tony Pardo at (954) 600-1233	
(Name of Contact Person) (Ai	rea Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the F \$25 Filing Fee	Clorida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hyper Gro				
(Name of the Limited Liability Compa (A Florida Limited)	<u>nny as it now appea</u> Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liability Company	were filed on	03/07/2008	and assigned	
Florida document number L08000025253				
•				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1844 Nob Hi	ll Road		
(Principal office address MUST BE A STREET ADDRESS)	#118		700	
	Plantation, F	I 33322		
Enter new mailing address, if applicable:	1844 Nob Hil	l Road	SSE T	
(Mailing address MAY BE A POST OFFICE BOX)	#118		Ta B W	
	Plantation, F	l 33322		
			0	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of the new	
registered agent and/of the new registered office address ner	<u>e</u> .			
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street add	tress	
	, 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 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.

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 **Type of Action Address Title** <u>Name</u> MGRM HELEN PARDO 3320 NW 97 WAY □ Add √ Remove Sunrise, FL 33351 **TONY PARDO** MGRM ✓ Add 1844 N Nob Hill Road Remove suite 118 Sunrise, FL 33351 ☐ Add □ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member **TONY PARDO** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00