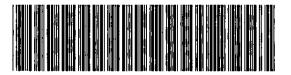
COS 2000 57790

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/State/Zip/Fillolie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200261647882

06/26/14--01008--021 **30.00



COVER LETTER

TO: Registration Section **Division of Corporations** Head High Properties, 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: Claudia S. Kenny Name of Person Head High Properties, LLC 145 Hilden Road, Suite 111 Ponte Vedra, FL 32081 City/State and Zip Code claudia@headhigh.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Claudia Kenny Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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**

HyperScreens, LLC					
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited L. Florida document number L14000035391		were filed on March 3,	2014	and as	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
he new name must be distinguishable and end with the	words "Limited Liab	ility Company," the designation	"LLC" or th	e abbreviation '	L.L.C."
Enter new principal offices address, if applic	145 Hilden Road, Suite 111				
(Principal office address MUST BE A STREET ADDRESS)		Ponte Vedra, FL 32081			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		145 Hilden Road, Suite 111 Ponte Vedra, FL 32081			
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			ords, <u>ente</u>	er the name	of the n
New Registered Office Address:	145 Hilder	n Road, Suite 111		35	1 - 12 - 1 1 - 1 ^{2 - 1}
New Registered Office Address.		Enter Florida street ad	dress	1 vy	
	Ponte Ved	Ira	Florida	3 <u>2</u> 081 🚡	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		City	•	Zip Code	· Myrer f
New Registered Agent's Signature, if changing	Registered Agent:			7>	

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Name 1 **Address** 110 Cumberland Park Dr. Ste. 305 Head High Networks LLC MGRM St. Augustine, FL 32095 Remove 145 Hilden Road, Suite 111 MGR Head High Networks LLC Ponte Vedra, FL 32081 ☐ Remove ☐ Add ∵ □ Remove Remove □ Add ☐ Remove

If amending any other information, enter change(s) here: (Attach additional	sheets, if necessary.)
	-
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
Dated June 17 2014	
Signature of a memoar or authorized representative of a	member
Claudia S. Kenny	

Page 3 of 3

Filing Fee: \$25.00