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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **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

Firm/Company

145 Hilden Road, Suite 111

Address

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

at (**904**) **553-1603**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

(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 March 3, 2014 and assigned Florida document number L14000035391.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

145 Hilden Road, Suite 111
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

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:

145 Hilden Road, Suite 111

Enter Florida street address

Ponte Vedra

City

Florida

32081

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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Head High Networks LLC	110 Cumberland Park Dr. Ste. 305	<input type="checkbox"/> Add
		St. Augustine, FL 32095	<input checked="" type="checkbox"/> Remove
MGR	Head High Networks LLC	145 Hilden Road, Suite 111	<input checked="" type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
JUL 26 1999
CLERK OF DISTRICT COURT
JUL 26 1999
JUL 26 1999

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **June 17** **2014**



Signature of a member or authorized representative of a member

Claudia S. Kenny

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JUN 26 AM 9:25
TALLAHASSEE, FLORIDA