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FRANK AHASSEE, FL

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COVER LETTER

	gistration Sec rision of Corp			
eun wer.	Sang Enterp			
SUBJECT:			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Jose A. Fernandez		
			Name of Person	
		Hyperion GP, LLC		
			Firm/Company	
		P O Box 677		
			Address	
		Boca Raton, FL 33429-067	77	
			City/State and Zip Code	
		jose@tenh2o.com		
			to be used for future annual report notifi	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
Jose A. Fern			561 756-1372 at ()	_
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sang Enterprises, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L120000004602	were filed on _'01/06/2012.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Hyperion GP, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation BL.C."
Enter new principal offices address, if applicable:	C/O Jose A. Fernandez / Sang Bev	
(Principal office address MUST BE A STREET ADDRESS)	433 Plaza Real, Suite 275	25 Z
	Boca Raton, FL 33432	- SS - III
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O Box 677 Boca Raton, FL 33428-0677	DF STATE SEE. FL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Fleric	· ·
	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 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 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
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		·	□Change
			□Add
			□Remove
			□Change

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Note: If	e date, if other than the date of filing:	07 (3 as th
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th	ie
Dated	November 22 2022. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Jose A. Fernandez	