L13000066940

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2013 JUN -3 PN 12: 28
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

NIBIECT: Hyperlinkplans 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:

Jeniffer Y. Clark

Name of Person

Firm/Company

7011 SW 9th St

Address

Pembroke Pines, FL 33023

City/State and Zip Code

jenfclark@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeniffer Y. Clark

786 505-0157

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 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

FILED 2013 JUN -3 PM 12: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Zip Code

Hyperlinkplans LLC	1 1 11 1 6		·	
(Name of the Limited L (A	lorida Limited I	ny as it now appears on our recordiability Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited Lia Florida document number <u>L1300006690</u>	bility Company	were filed on 05/07/2013		and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the <u>limited liab</u>	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the design	ation "	LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1200 Brickell Avenue		
		Suite 1950		
		Miami, FL 33131		
Enter new mailing address, if applicable:		1200 Brickell Avenue	!	
(Mailing address MAY BE A POST OFFICE BOX)		Suite 1950		
		Miami, FL 33131		
B. If amending the registered agent and/or registered agent and/or the new registered offi			<u>enter</u>	the name of the new
New Registered Office Address:	1200 Be	ICKELL AVANUE SU		
		Enter Florida str	eet ad	dress
	MIAM	1 Flor	rida	33131

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.

City

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing. Member being added or removed from our records:</u> MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** Remove Remove Remove Remove

Remove

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
-	
_	
Dated	
	May Il lefe
	Signature of a tyeniber or authorized representative of a member
	Jeniffer Y. Clark
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

