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J. SAULSBERRY EXAMINER

OCT 9 2013

COVER LETTER

TO: Registration Section
Division of Corporations

HYPERIUN 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:

ANTONIO REGOJO

Name of Person

REGOJO LAW, PA

Firm/Company

11077 BISCAYNE BLVD #406

Address

MIAMI, FL 33161

City/State and Zip Code

aregojo@regojolaw.com

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

For further information concerning this matter, please call:

ANTONIO REGOJO

_{.../}305 **814-829**9

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

HYPERIUN LLC		الست. السائد
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record	(S.)
(A Florida Limited L	Claumity Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/28/2013	and assigned
Florida document number L13000122112		
rionda document number =		
•		Ō.
This amendment is submitted to amend the following:		M 10:27
A. If amending name, enter the new name of the limited liab	ility company here:	**
The manner of the new name of the manner of	,	
The new name must be distinguishable and end with the words "Limi	in a fin Citian Community and a design	ain "II C" and a pharmacian
"L.L.C."	ited Liability Company, the designa	non LLC of the appreviation
Enter new principal offices address, if applicable:	11077 BISCAYNE BL	VD #406
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33161	
		, , , , , , , , , , , , , , , , , , ,
	11077 BISCAYNE BL	VD #406
Enter new mailing address, if applicable:		Ψ
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33161	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
registered agent and/or the new registered office address her	<u>c</u> .	
No. 20 Color De la calación		
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida stre	et address
	, Flori	da
 	City	Zip Code
Nino Designation of America Comments of the section Designation of America		

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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Address	Type of Action
MGRM	Guillermo Garcia Martinez	19C Trolley Square	Add
		Wilmington, DE 19806	Remove
MGRM	Guillermo Garcia Martinez	11077 Biscayne Blvd #406	Add
		Miami, FL 33161	Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

If amending any other informati	on, enter change(s) here: (Attach additional sheets, if necessary.)
d October 3	, <u>2013</u>
	ature of a member or authorized representative of a member
ANTONIO REGO	OJO, ATTORNEY-IN-FACT
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT -7 KM 10: 27