## <u>L14000058469</u>

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## **COVER LETTER**

TO: Registration Section , Division of Corporations ,	
SUBJECT: Hydrete Hype & Hydrete, Uc.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jose A. Rodniquez Name of Person	
Name of Person	
HYAE CHYDRATE, LCC	
Firm/Company	
1112 LIBERTY HALL OR	
Address	
HISSIMMEE, FL 3Y7Y6  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jose A. Rodriguez at (407) 782-2775  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee SCERTIFICATE OF Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee SCERTIFICATE OF Status SCERTIFICATE OF STATUS STATU	

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

HYPE & HYORATE	666		
HYPE & HYDRATE (Name of the Limited Liabil (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability (Florida document number <u>214000058469</u>	Company were filed on	, ,	ınd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
HYPE & HYPORATEO, LLC The new name must be distinguishable and contain the words "Lir	,		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation	n "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD.	RESS)		<del> </del>
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>ත</u>
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		95 : 97 :	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		ecords, enter the i	name of the nev
		ا بر برخوم از المادي از المادي	<del></del>
Name of New Registered Agent:		<u> </u>	<del>-</del>
New Registered Office Address:			<u>.</u>
	Enter Florida street	address	
		Florida	o Code
	City	Zij	o 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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