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SECRETARY OF SI
ALLAHASSEE, FLG

SEP 2 9 2015 S. YOUNG

## **COVER LETTER**

TO:

	ition Sect of Corp				
НҮ.	PERION	NAPLES, LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed Arti	icles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all c	correspon	dence concerning this matter	to the following:		
		Ian T. Holmes			
			Name of Person		
		Holmes Kurnik, P.A.			IN THE
		Firm/Company			
		711 5th Avenue South, Sui	ite 200		SEP 28
			Address		The world
		Naples, FL 34102			
		•	City/State and Zip Code		3 +2 57.47E 158034
		iholmes@holmeskumik.cor			,
n eu te	.•		to be used for future annual report notifi	cation)	
For further inform	nation cor	ncerning this matter, please ca	all;		
Ian Holmes			239 228-7280 at ( )		
	Name of I	Person	Area Code Daytime	Telephone Number	
Enclosed is a che	ck 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)	Certified (	of Status &
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

HYPERION NAPLES, LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limited	рапу as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Companification for the Liability Companification of the Liability Companies of	ny were filed on 9/11/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
Hyperion Title Naples, LLC	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:

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

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to	to date of filing or m	ore than 90 days after	onal) filing.) Pursi	uant to 605.
<u>lote:</u> If the date inserted in this block does not meet the application ocument's effective date on the Department of State's records.				
scument's effective date on the Department of State's records.				
a manual amazifian a dalamad affiretima data but mat		: <b></b>		
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective t	ime, at 12:01 a	ı.m. on tı	те еагне
,				
ated September 24 2015				
,	<b>_</b> ⁺			
		_		
Signature of a member or autho				

Page 3 of 3

Filing Fee: \$25.00