## L18CC0102990

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	(Business Entity Name)
	(Document Number)
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## **COVER LETTER**

·TO:	Registration Se Division of Cor				
eun tra	Hyperion C	Global LLC			
SUBJEC	CT:	Name of Limi	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ro	cturn all correspo	ndence concerning this matter	to the following:		
		Edward S Hand Jr			
			Name of Person		
		Hyperion Global LLC			
		Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  Edward S Hand Jr  Name of Person			
		54082 Marlee road			
			Address		<del></del> -
		Callahan Florida 32011			
			City/State and Zip Code	•	
		E-mail address: (1	o be used for future annua	d report notification)	
For furth	ner information co	oncerning this matter, please ca	ill:		
Edward	IS Hand Jr		304 3	78-6904	
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclosed	d is a check for th	ne following amount:			
□ \$25.	00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy

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

Hyperion Global LLC (Name of the Limited Liability Comparing (A Florida Limited Limite	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000102990	were filed on 24, April 2018	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:	
Light Chain Capital LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 22
(Principal office address MUST BE A STREET ADDRESS)		
		- 12 - 23
ar ar an	Post Office Box 28634	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville Florida 32226	
mudang dan css m; v v zivi sistema c		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>er</u> <u>re</u> :	nter the name of the n
Name of New Registered Agent:		
	Enter Florida street address	
New Registered Office Address:	EMET PROPRIE STREET GARRESS	
New Registered Office Address:	Florid	a

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: If the date inserted in this boument's effective date on the error specifies a delayer	ust be specific and cannot be prior to date of filing plock does not meet the applicable statutory Department of State's records.  ed effective date, but not an effect	y filing requirements, this date will no	t be listed
The 90th day after the re	cora is filea.		
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19, July ned			
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Filing Fee: \$25.00