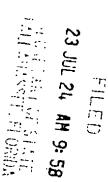
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(Requestor's Name)
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(Add)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elliny Name)
(Document Number)
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J. HORNE
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Office Use Only

cover letter

Return Address: Hugh Percy 7345 Shore Acres st Wesley Chapel, FL, 33545

Phone: 205-238-0474

COVER LETTER

TO:

Registration Section Division of Corporations

	e Technologies, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Hugh Percy		
		Name of Person	
	HyperTree Technology and	d Consulting Services, LLC	
		Firm/Company	
	7345 Shore Acres St		
		Address	
	Wesley Chapel, FL, 33545		
		City/State and Zip Code	<u></u>
	Contact@HyperTreeTC.com		
	E-mail address: (to be used for future annual report noti-	fication)
For further information	concerning this matter, please c	all:	
Hugh Percy		205 238-0474 at ()	
Name	of Person	Area Code Daytime	e 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HyperTree Technologies, LLC

23 JUL 24 MY 9.58 (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

filed on January 11, 2021	and assigned
company here:	
mpany," the designation "LLC"	or the abbreviation "L.L.C."
	
	<u></u>
ess on our records, enter	the name of the new registe
Enter Florida street address	2
Ela	swids.
, ric	orida Zip Code
	ess on our records, enter Enter Florida street addres.

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>	<u>Name</u>	Address	Type of Action
	 .		□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			🗀 Add
			Remove
			Change
		□Add	
			□Remove
			☐ Change
			Remove
			Change
			□Add
			Remove
			☐ Change

Page 2 of 3

	,
(li an <u>Not</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
the r	ne 90th day after the record is filed.
) Tł	ed July 12 . 2023
) Tł	ed July 12 . 2023
o) Tł	2022

Page 3 of 3

Filing Fee: \$25.00