

10/18/21, 3:45 PM

Division of Corporations

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L21000184954

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BOYER LAW FIRM, P.L.
Account Number : I20100000071
Phone : (904)236-5317
Fax Number : (904)371-3935

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: office@boyerlawfirm.com

2021 OCT 18 PM 4:18

FILED
FALLAHASSEE, FLORIDA

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2021 OCT 18 PM 1:35
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KAYNINE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 19 2021

S. PRATHER

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Corporate Filing Menu

Help

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COVER LETTER

{{(H21000388044 3)}}

TO: Registration Section
Division of Corporations

SUBJECT: KAYNINE, 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:

Francis M. Boyer

Name of Person

Boyer Law Firm, P.L.

Firm/Company

9471 Baymeadows Rd, Suite 406

Address

Jacksonville, FL 32256

City/State and Zip Code

office@boyerlawfirm.com

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

For further information concerning this matter, please call:

Francis M. Boyer

Name of Person

904

at ()

Area Code

236-5317

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

{{(H21000388044 3)}}

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

{{(F121000368044 3)}}

KAYNINE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 OCT 18 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/21/2021 and signed by _____
Florida document number 121000184954

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HYPER ACTIVE, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

11661 Lake Chub Dr.

Jacksonville, FL 32226

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11661 Lake Chub Dr.

Jacksonville, FL 32226

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Francis M. Boyer, Esq.

New Registered Office Address:

9471 Baymeadows Rd. Suite 406

Enter Florida street address

Jacksonville

Florida 32256

City

Zip 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, enter the title, name, and address of each person being added or removed from our records: (((121000368044 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated October, 18 2021


Signature of a member or authorized

Michelle L. Miller

Typed or printed name of signee

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Filing Fee: \$25.00

2021 OCT 18 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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