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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 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:
Thomas Anthony Webster Jr
H.Y.P.A. Recl-Estate LC Firm/Company
9684 Hozel Lake Dr Address
Jacksonulle Fl 32222 City/State and Zip Code  Lip Agente State (CG) amounts
E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas A Wasser Jr at (904) 904 - 554-3772  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:    Fig. 25 00 Filing Fee     \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee.
\$25.00 Filing Fee Solution Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  S25.00 Filing Fee & Solution 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

HY.P.A	Regl-Fs	tate LLC	2022 HAY 25	
	(	: /	rational A <del>lbagan</del> AHALLAT	SSEE, FL
The Articles of Organization for this Limited I	Liability Company w	ere filed on(	78/9097	and assigned
Florida document number <u>L2400046</u>	5360.	·	•	
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liabili	ty company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	icahle:			
(Principal office address MUST BE A STRE				
Trincipal office duaress wood be 7151 NE	<u> Livido insist</u>		· <u>·</u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u>.</u> .	<u></u>
B. If amending the registered agent and/or agent and/or the new registered office addr		dress on our records	, enter the name	of the new registered
Name of New Registered Agent:	() 150	M Webs	Ster	
New Registered Office Address:	9684	Enter Florida stree	D.C.	·
		r,nier r tortaa stret	~	
	JCRUSOR	City	, Florida <u></u> <	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas Anthogy Water Jr	9684 Hazellake Dr	🗹 Add
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(Ifan Not	effective date, if other than the date of filing: 5/23/2022 (optional)  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 605.02.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.	.07 (3) as the
f the receed is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.	њ
Date		
	Signature of a member or authorized representative of a member	
	Λ \	