

L22000161719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

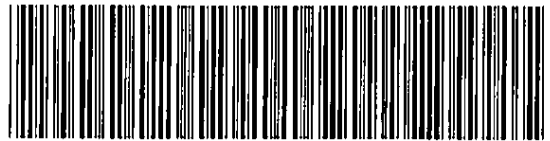
(Business Entity Name)

(Document Number)

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FILED
AUG 10 2024
AM 10:38

RECEIVED
08/11/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HYPERLUX RENTALS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following.

JEFFREY JOSEPH

Name of Person

HYPERLUX RENTALS LLC

Firm Company

5720 SW 40TH CT

Address

WEST, PARK FL 33023

City/State and Zip Code

JEFFEXTRADER21@GMAIL.COM

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

STATE
FL

11/10:38

For further information concerning this matter, please call:

JEFFREY JOSEPH

at 786 348-1858
Name of Person Area Code Daytime 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 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**

HYPERLUX RENTALS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/05 2022 and assigned
Florida document number L22000161719.

This amendment is submitted to amend the following:

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

THE BLK RESELLERS 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:

5720 SW 40TH CT, WEST PARK, FL 33023

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5720 SW 40TH CT, WEST PARK, FL 33023

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TE, FL

(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)

STATE
TELEPHONE

Dated _____, _____.

JEFFREY JOSEPH

Page 3 of 3

Filing Fee: \$25.00