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| Special Instructions to Filing Officer: |
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| | | | TO: Registration Sec Division of Corp |
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| | TAI //F | HYPER CAP | erto mem. |
| | TAL LLC ted Liability Company | Name of Li | SUBJECT: |
| | nitted for filing. | Amendment and fee(s) are su | The enclosed Articles of A |
| | o the following: | ndence concerning this matte | Please return all correspon |
| | Adam Jay | | |
| <u>.</u> | PER CAPITAL LLC Firm/Company | | |
| | Sity Dr. Apt # 129 | 361 N. Univer | |
| | City/State and Zip Code | Plantation, F | |
| . | o be used for future annual report notification) | E-mail address: | |
| | II: | oncerning this matter, please | For further information co |
| | at (454) 647-2514 | m Jay | Ada |
| umber | Area Code Daytime Telephone Nun | Person | Name of |
| | | ne following amount: | Enclosed is a check for th |
| .00 Filing Fee, rtificate of Status & rtified Copy dinonal copy is enclosed) | Certified Copy Certi (additional copy is enclosed) Certi | ☐ \$30.00 Filing Fee & Certificate of Status | S25.00 Filing Fee |
| | Street Address: Registration Section | | <u>Mailing Addres</u> Registration S |
| | Division of Corporations The Centre of Tallahassee | orporations | Division of C |
| umber .00 Filing Fee. rtificate of Statu rtified Copy dinonal copy is encl | Adam Jay Name of Person FER CAPITAL CLC Firm/Company Sity Dr. Apt # 129 Address 33324 City/State and Zip Code Outlook.com o be used for future annual report notification) at (454) Area Code Daytime Telephone Num Street Address: Registration Section Division of Corporations | Amendment and fee(s) are sundence concerning this matter All N. Universe Plantation Family | For further information converges and the second se |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| HYPER CAPITAL | | | | | |
|---|--|---|--------------------------|----------------|---------------------------------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited I | ny as it now appe: Tability Company) | irs on our records.) | | |
| The Articles of Organization for this Limited Li Florida document number <u>L22000191886</u> | ability Company | | | and a | ssigned |
| This amendment is submitted to amend the follo | owing: | | | | |
| A. If amending name, enter the new name of | | | | | |
| HYPER COMPANY LLC The new name must be distinguishable and contain the w | | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | ity Company," the | designation "LLC" or the | abbreviation " | iIU. |
| Enter new principal offices address, if applic | | N/A | | | |
| (Principal office address MUST BE A STREE | <u>T ADDRESS)</u> | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | ROV) | N/A | | | |
| IManing address MAT BE A 1 031 011 ICE | 70.17 | | <u></u> | | |
| B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: | egistered office : ss here: N/A N/A | | orīda street address | | · · · · · · · · · · · · · · · · · · · |
| | | | , Florida | | |
| | = | Cin | | Zip Colo | ir — |

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:

| or removed from our records: MGR = Manager AMBR = Authorized Member | | | | | | |
|---|-------------|---------|----------------|--|--|--|
| Title | <u>Name</u> | Address | Type of Action | | | |
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| Effective date, if other than the date of filing: | | | | ter change(s) he | | | • | |
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| 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 Stote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 rd is filed. Dated | | | | | | | | |
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| Dated June 201 2023 Signature of a member or authorized representative of a member | Nate: If the | date incerted i | in this block does | anot meet the appi | icable statutory | mmg requiren | iems, mis date wit | rsuant to 605.0207 (I not be listed as t |
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| | _ | | Cianata | e of a member or an | thorized represent | tative of a memb | er | |
| Adam Jay | | | Signatui | | • | | | |

Filing Fee: \$25.00