(II)

122000277113

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	:
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporation		
eun iezer.	HEPHIUM L.	L.C.
SUBJECT:		ited Liability Company
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.
Please return all corresponde	ence concerning this matter	to the following:
	Antonio Var	Name of Person LLC. Figur/Company
		Name of Person
	Hephium	ILLC.
		Firm/Company
	1551 Sawgra	ss Corporate Parkway STE 410 Address
	Sunsise, FL,	33323 City/State and Zip Code n.com to be used for future annual report notification)
	into@heahiur	n.com
-	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please co	all:
Antonio Varela		at (<u>954</u>) <u>399-2158 Area Code Daytime Telephone Number</u>
Name of Pe	rson	Area Code Daytime Telephone Number
Enclosed is a check for the f	offowing amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ← Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	tion	<u>Street Address:</u> Registration Section
Division of Corp		Division of Corporations
P.O. Box 6327	20214	The Centre of Tallahassee
Tallahassee, FL	34314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

HEPHIUM LL.C.

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

		rere filed on <u>06</u>	117 /2022 and assigned
Florida document number <u>L22000277</u>	113		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	he limited liabili	ty company here:	
The new name must be distinguishable and contain the word	number L22000277113 is submitted to amend the following: name. enter the new name of the limited liability company here: be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ipal offices address, if applicable: 1551 Sawarass Corporate address MUST BE A STREET ADDRESS) Parkway STE 410 Suntise Florsda 33323 In gaddress, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here: I 551 Sawarass Corporate Porkway STE 410 Enter Florida street address Suntise Florida 33323 Tap Code gent's Signature, if changing Registered Agent: the appointment as registered agent and agree to act in this capacity. I further agree to comply with the statutes relative to the proper and complete performance of my duties, and I am familiar with and attoms of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is really reflect a change in the registered office address, thereby confirm that the limited liability		
Enter new principal offices address, if applicab	ole:	1551 Sau	ograss Corporate
(Principal office address MUST BE A STREET		Parkway	STE410
		Suniise Fl	ORIDA 33323
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>O.Y.)</u>		<u>,</u>
			· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: New Registered Office Address:		Saugrass	Corporate Paikway STE410
	_		
	OUNTINE	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete p cred agent as pr gistered office a	erformance of my ovided for in Cha _l	duties, and I am familiar with and oter 605, F.S. Or, if this document is
	If Chang	ing Registered Agent.	Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Varela, Antonio R	1551 Sawgrass Corporate	□ Add
		Parkway STE 410,	
		Sunrise, FL, 33323	# Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			🗆 Add
		,	□Remove
			□Change

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reffecti <u>te:</u> If	date, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	October 7. 2024.
	October 7 . 2024 . Interval Signature of a member or authorized representative of a member
	Antonio Varela Typed or printed name of signee