

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**M210000017459**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000695473)))



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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SYMETRY COMMUNICATIONS OF GREATER FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

2022 FEB 23 AM 10:16

2022 FEB 23 AM 9:50
FILED
CLERK OF COURT
JANET ALANSON, CLERK
TALLAHASSEE, FLORIDAAPPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SYMETRY COMMUNICATIONS OF GREATER FLORIDA, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000017459

3. Jurisdiction of its organization: Missouri

4. Date authorized to do business in Florida: December 21, 2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Hyper Fiber, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida
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

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2022 FEB 23 AM 9:50

COMMISSIONER OF REVENUE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s); duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Allyson R. Coyne
Signature of the authorized representative

Allyson R. Coyne

Typed or printed name of signee

Filing Fee: \$25.00

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION CERTIFICATE OF FACT

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody as Secretary of State show that

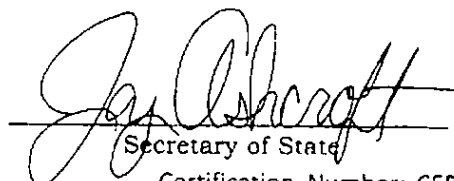
HYPER FIBER, LLC
LC1769312

was created under the Laws of the State of Missouri as a Limited Liability Company on the 10th day of March, 2021.

I further certify that on the 14th day of February, 2022, Articles of Amendment was filed changing the name from Symetry Communications, LLC to HYPER FIBER, LLC

I further certify that HYPER FIBER, LLC has the status of Active with this office as of the date of this certificate.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of February, 2022.


Secretary of State

Certification Number: CERT-02222022-0110

