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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(C)	,	·· - ,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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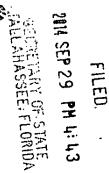




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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION	Hypernia	a Corporation			
DOCUMENT NUMBER:			 .		
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
	Alexi	a Vallord	-Costa		
	,	Name of Contact Person	n		
	Hy	Dernia Cor	Α.		
	Hypernia Corp. Firm/Company				
		W 35 ST Address			
	Miami	FL 3315	5		
		FL 33153 City/ State and Zip Cod	e		
	Lleria@ ail address: (to be us	hypernia. co	notification)		
For further information concern					
Alexia Val	lord - Cos	ta_at 305	de & Daytime Telephone Number		
Name of Contac	t Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:		
	13.75 Filing Fee & ertificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
<u>Mailing Add</u>			Address		
Amendment S			lment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

Hypernia Corpor	Articles of Incor of	•		
Hyperma Corpor			ccp 29	PM 4: 43
	a tion	ેર	\$14 2c1 c.	CHESTATE.
(Name of Corporation as current	ly filed with the Flor	ida Dept. of State)	\$100 Jan	EE. FLORIDA
			ALLANA	- ., ~:
(Document Numbe	er of Corporation (if k	nown)	9	- :
suant to the provisions of section 607.1006, Flo Articles of Incorporation:	orida Statutes, this <i>Fl</i>	orida Profit Corpora	tion adopts the	following amendmen
If amending name, enter the new name of th	e corporation:			
				The new
ne must be distinguishable and contain the orp.," "Inc.," or Co.," or the designation "Cd" or chartered," "professional association," or	Corp," "Inc," or "Co	". A professional c		
Enter new principal office address, if application			<u> </u>	
incipal office uddress <u>MUST BE A STREET A</u>	<u>ADDRESS</u>)			
				-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV:			
MAI BE A FOST OFFICE	<u> </u>			
			==	
If amending the registered agent and/or regi	istered office addres	s in Florida, enter tl	ic name of the	
new registered agent and/or the new registe				
Name of New Registered Agent				
	(Florida street	address)		
New Registered Office Address:		. F	orida	
	(City)		(Zip	Code)

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
Change Add	P James Vallord-Costa	350 Grapetree Drive
Remove		Key Biscayne, FL 33149
2) Change	P Alexia Vallord-Costa	6407 SW 35 ST
Add		Miami, FL 33155
Remove 3) Change	VP Nicholas Zumbiehl	8 Square Louis Bleriot
Add		92130 Issy Les Mouleneaux France
4) Change		
Add		
Remove		
5) Change		
Add Remove		
6) Change		
Add		
Remove		

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
-11-	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	

The date of each amendment(s) adoption: Systember 19th 2014	_, if other than the
date this document was signed.	
Effective date if applicable: 2014 (no more than 90 days after amendment file date)	_
(va vier e sitti va daya ayiti umemineniyine ikile)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated September 19 2014	
Signature O. Valle Cat	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
Alexia Vallard - Casta (Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
Director/ President (Title of person signing)	_
(Title of person signing)	