104000075714

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	· · · · · · · · · · · · · · · · · · ·	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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2012 MAR -2 AH 8: 12
SECRETARY OF STATE

J. SAULSBERRY EXAMINER MAR _ 2 2012

COVER LETTER

TO: Registration Division of C				
SUBJECT:	Hope Finan	cial Services, LLC.		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Paul Miranda		·
		Name of Person		
	Hope	Financial Services, LLC.		
		Firm/Company	·	
	345	2 Worthington Oaks Dr.		
		Address	 	
	0	rango Dark El 22065		2012 ALL
		range Park, FL. 32065 City/State and Zip Code		2012 HAR -2 SECRETARY
	р	miranda21@aol.com		HAR -2 AH 8 RETARY OF STA
		to be used for future annual report no	tification)	OF S
For further information	concerning this matter, please of	all:		· STA C
F	Paul Miranda	at (321)	229-2462	15 TE
Name	of Person		ime 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 enclos	ed) Certified	e of Status &
	LING ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hope	Financial Services, LL	.C	
(Name of the Limited L (A l	iability Company as it now apper lorida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	10/19/2004	and assigned
Florida document numberL04000757	<u>714 </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	he limited liability company he	e <u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)	<u></u> ;	7 2 2
			LA I
			AR HAS
Enter new mailing address, if applicable:			SSA V F
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		TH = IT
		*	전 · · · · · · · · · · · · · · · · · · ·
			
B. If amending the registered agent and/or		our records, enter t	he name of the new
registered agent and/or the new registered offi	<u>ce address here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	E	inter Florida street add	ress
		, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Wanda Miranda	50 Russell Rd. Thomasville, Ga 31792	☐ Add ☐ Remove
MGRM	PNM INVESTMENTS, INC.	3452 Worthington Oaks Dr. Orange Park, Fl 32065	Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	WIZMAR -2 AM SECRETARY OF ST LLAMASSEE, FLO
 Dated			8: 12
		r or authorized representative of a member Paul Miranda I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

COVER-LETTER

10:	Division of Co			
SUBJE	·CT·	Hope Finan	cial Services, LLC.	
SUBJE		·	ted Liability Company	
The end	closed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please 1	return all corresp	ondence concerning this matter	to the following:	
			Paul Miranda	
			Name of Person	
		Hope	Financial Services, LLC.	·
			Firm/Company	
		345	2 Worthington Oaks Dr.	
			Address	2011 1.SE
		O	ange Park, FL. 32065	ZO12 MAR SECRETALAHA
			City/State and Zip Code	MAR -2 AI RETARY OF AHASSEE, I
		E-mail address: (miranda21@aol.com to be used for future annual report notification)	OF S
For furt	her information	concerning this matter, please c	all:	AH 8: I
		aul Miranda	at (321) 229-2 Area Code & Daytime Telepho	
	Name	or remain	Area Code & Daytime Telepia	ne number
Enclose	d is a check for t	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)
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	

و مهت

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hope F	inancial Services, LL	C.	
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appear ida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on	10/19/2004	and assigned
Florida document numberL0400075714	<u>. </u>		
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company he	re:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "l	
Enter new principal offices address, if applicable:			ARE R T
(Principal office address MUST BE A STREET AL	ODRESS)		SERY Y
	 		77
Enter new mailing address, if applicable:			B: 12
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new
	.		
Name of New Registered Agent:			
New Registered Office Address:			
	Ex	nter Florida street add	ress
<u></u>	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> **Address Type of Action** MGR Wanda Miranda 50 Russell Rd. Thomasville, Ga 31792 ☐ Add √ Remove PNM INVESTMENTS, INC. MGRM 3452 Worthington Oaks Dr. Orange Park, Fl 32065 **7** Remove ☐ Add _ Remove ∏Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Paul Miranda Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00