L07000015273

| (Red | questor's Name) | |
|-------------------------|-----------------------|-------------|
| | | |
| (Add | dress) | |
| | | |
| (Add | dress) | |
| (| | |
| | 10 | 40. |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| (= - | , | |
| Ocalificat Occiden | O substitution of the | of Obstance |
| Certified Copies | _ Centificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | · |
| | | |
| | | |

Office Use Only



700257353777

03/05/14--01008--005 **25.00

PILEU
SECHELARISE FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Good Hope Invistments, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Cynthia U. Frederick Name of Person |
| Firm/Company |
| 2681 Riviera Court |
| Weston, FL 33332 City/State and Zip Code |
| Cutrederick @ amail. com. E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Cynthia U. Frederick at 305, 394 4167 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

FILED

2014 MAR -5 PM 12: 13

| , , | | | SAIN WHY - 2 | 1 11 1/2" • 0 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------|-------------------------------------|
| Good Hope In | Jestments d Liability Company as it A Florida Limited Liability | now appears on our r Company) | SECKETARY ecdial J. AHASSE | OF STATE SE, FL ORIDA |
| The Articles of Organization for this Limited Lie Florida document number <u>L07000</u> | ability Company were 1 | iled on 02 0° | 7/2007 | _ and assigned |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | the limited liability co | ompany here: | | |
| The new name must be distinguishable and end with the venture new principal offices address, if application of the control of the distinguishable and end with the venture new principal office address MUST BE A STREE | able: | mpany," the designatio | n "LLC" or the abbi | reviation "L.L.C." |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE I | <u>BOX)</u> | | | |
| B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | Ece address here: A Cynthic 2681 Ri Weston | address on our reddress Sa QUESS Sa QUETA EV VIETA CE Enter Florida street | me as f rederict ourt | e name of the new Ormer agent |

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title Type of Action** <u>Name</u> Address MGRN James T. Frederick, Ph.D. 268/ Riviera Ct. DAdd Weston, FL 33332 Kremove Cynthia U. Frederick 2681 Riviera Ct. 10 Add Weston, PL 33332 - Remove ☐ Add ☐ Remove □ Add ☐ Remove _□ Add ☐ Remove □ Add ☐ Remove

| D. If amending any other information, enter change(s) here: (Allach additional sheets, if necessary.) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stephanus Nothnagel, MGRM |
| address correction: |
| Old address: P.O. Box 5967, Walmer, South Africa |
| Now addres: 11. North Drive |
| Key Largo, FL 33037 |
| |
| |
| E. Effective date, if other than the date of filing: |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after |
| |
| (The effective date must be specific, earnest be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) |
| (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after |
| (The effective date must be specific, earnest be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) |
| (The effective date must be specific, earnest be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) |
| The effective date must be specific, earnest be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 3/2/14 (Signature of a member or author) Signature of a member or author) |
| The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 3 2 14 |

Page 3 of 3

Filing Fee: \$25,00