

LO9000017447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

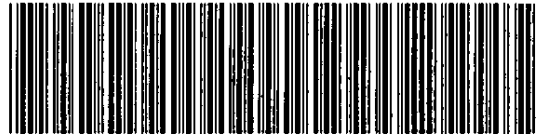
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 8 2009

EXAMINER

Sep 09 09 02:58p

Valerie Stac

(239)514-2519

p.3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hopewell House, 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:

Valerie A. Stac

Name of Person

The Mindful Health Foundation

Firm/Company

865 91st Ave. North

Address

Naples, FL 34108

City/State and Zip Code

mindfulhealthfoundation@yahoo.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Lombard

Name of Person

at (239)

434-6596

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$35.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

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TALLAHASSEE, FLORIDA

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Valerie Stec

(239)514-2519

p. 4

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hopewell House, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2-23-2009 and assigned
Florida document number L09000017447

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

865 91st Ave. North

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34108

Enter new mailing address, if applicable:

865 91st Ave. North

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34108

B. If amending the registered agent and/or registered office 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:

Valerie A. Stec

New Registered Office Address:

865 91st Ave. North

Enter Florida street address

Naples

Florida

34108

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.

Valerie A. Stec
If Changing Registered Agent, Signature of New Registered Agent

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 TALLAHASSEE, FLORIDA

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Valerie Stec

(239)514-2519

p.5

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	Name	Address	Type of Action
MGR	Rebecca Krueger	8246 Pacific Beach Drive Fort Myers, FL 33966	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jason Jakus	8246 Pacific Beach Drive Fort Myers, FL 33966	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Valerie A. Stec	885 91st Ave North Naples, FL 34108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Chris Lombard	885 91st Ave North Naples, FL 34108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated August 30, 2009

Rebecca Krueger
Signature of a member or authorized representative of a member
Rebecca Krueger
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00