## L09000090862

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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C. LEWIS

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EXAMINER

## **COVER LETTER**

то:	Registration Section Division of Corpor					
SUBJECT: Hope Innovation Management, LLC						
50.001			ted Liability Company		•	
		nendment and fee(s) are sub	-			
Please	return all corresponde	ence concerning this matter	to the following:			
			Jeffrey Y. Huang		_	
		<del>-</del> ""	Name of Person			
Arising Group, Inc.						
			Firm/Company		_	
1		11 Sagamore Lane				
			Address		_	
			Dix Hills, NY 11746			
	. 1		City/State and Zip Code			
	· · · · · · · · · · · · · · · · · · ·	F-mail address (	jhuang@arising.net to be used for future annual report t	notification)	-	
For fu	ther information cond	cerning this matter, please of		.cu.icui,		
				740 6001		
Jeffrey Huang  Name of Person		<del></del>	at ( <u>917</u> ) Area Code & Da	749-6001 ytime Telephone Num	per	
Enclos	sed is a check for the	following amount:				
<b>\$25</b>	5.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifi osed) Certifi	Filing Fee, cate of Status & ed Copy onal copy is enclosed)	
	MAILIN	G ADDRESS:	STREET/CO	URIER 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

FILED

2009 NOV 20 PM 1 12

Hone Innovation	Management	LLC SECRETA	RY OF STATE
Hope Innovation  (Name of the Limited Liability Comp. (A Florida Limited	any as it now appear Liability Company)	rs on our records.)	SECTION
The Articles of Organization for this Limited Liability Compar	ny were filed on	09/21/2009	and assigned
Florida document number <u>L09000090862</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lir 'L.L.C."	nited Liability Compa	my," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on o	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street addi	was s
	Lit		
	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 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

<u>Title</u>	Name	Address	Type of Action
MGR_	Jeffrey Y. Huang	11 Sagamore Lane Dix Hills, NY 11746	✓ Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if nece	
_			
Dated	November 13 ,	2009	2009 NOV 20 P
	Signature of a	nember of authorized representative of a member  Jeffrey Moritz  Typed or printed name of signee	PH 1/2 12 SSEE, FLORID
		Page 2 of 2	DE N

Filing Fee: \$25.00