

L10 000005124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

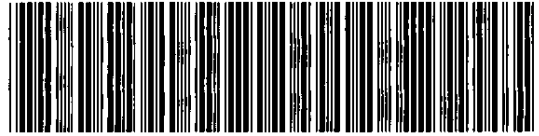
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2010 FEB -4 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB -5 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FHOPE, 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:

MARK STURGEN
Name of Person
STURGEN ACCOUNTING, INC.
Firm/Company
2253 COUNTRY PLACE CIRCLE
Address
PENSACOLA, FL 32534-9501
City/State and Zip Code
MSTURGEN@COX.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONNIE FACIANE at (850) 944-6805
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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 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

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

FHOPE, 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 JANUARY 14, 2010 and assigned
Florida document number L10000005126.

This amendment is submitted to amend the following:

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

CSF NETWORK MARKETING, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

_____, 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

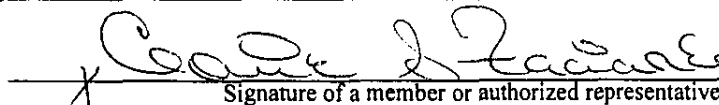
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RICKY L. FACIANE	6833 CEDAR RIDGE DR PENSACOLA, FL 32526	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	CONNIE S. FACIANE	6833 CEDAR RIDGE DR PENSACOLA, FL 32526	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CONNIE S. FACIANE	6833 CEDAR RIDGE DR PENSACOLA, FL 32526	<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
			<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 JANUARY 21, 2010



Signature of a member or authorized representative of a member

CONNIE S. FACIANE

Typed or printed name of signee