

L10000062183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

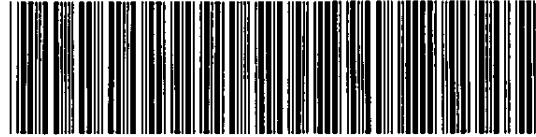
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600288572786

09/14/16--01031--002 **25.00

SEP 15 PM 1:06
ALABAMA, FLORIDA

SEP 19 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2016

RAMON REYES
5035 PALM AVE
HIALEAH, FL 33012 US

SUBJECT: HOPE AND CAD LLC
Ref. Number: L10000062183

We have received your document for HOPE AND CAD LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00018247

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOPE AND CAD 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:

Ramon Reyes
Name of Person

Ramon Reyes P.A.
Firm/Company

5035 Palm Ave
Address

Hialeah, FL 33012
City/State and Zip Code

rraccounting5035@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Reyes at (305) 822 - 0669
Name of Person Area Code Daytime 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 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**

HOPE AND CAD 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 06/10/2010 and assigned Florida document number L10000062183.

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 contain 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)

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:

Aida Viera

New Registered Office Address:

2899 Collins Ave # 1147

Enter Florida street address

Miami Beach

City

Florida

33140

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 605, 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.

X



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Carlos A. Diaz	2099 Collins Ave	<input type="checkbox"/> Add
		# 1147	<input checked="" type="checkbox"/> Remove
		Miami Beach, FL 33140	<input type="checkbox"/> Change
MGR	Aida Viera	2099 Collins Ave	<input checked="" type="checkbox"/> Add
		# 1147	<input type="checkbox"/> Remove
		Miami Beach, FL 33140	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11-11-08 BY 60322 UCBAW/STP/STP

16 SEP 15 PM 1:06
 OFFICE OF THE
 ATTORNEY GENERAL
 ALABAMA DEPT. OF JUSTICE
 ALABAMA DEPT. OF JUSTICE

SEP 15 PM 1:06
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 15, 2016.

Aida Viera

Typed or printed name of signee