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(Address)

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(City/State/Zip/Phone #)

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S Warren

NOV 09 2016

## 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 Accounting, INC

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

Name of Person

at ( 305 ) 822 - 0669

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

HOPE AND CAD LLC

Page 1 of 3

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

| <u>Title</u> | <u>Name</u>    | <u>Address</u>        | <u>Type of Action</u>                      |
|--------------|----------------|-----------------------|--|
| MGR          | Aida Viera     | 2899 Collins Ave      | <input type="checkbox"/> Add               |
|              |                | #1147                 | <input checked="" type="checkbox"/> Remove |
|              |                | Miami Beach, FL 33140 | <input type="checkbox"/> Change            |
| MGR          | Carlos A. Diaz | 2899 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            |
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|              |                |                       | <input type="checkbox"/> Add               |
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated November 02, 2016

Carlos A. Díaz

Typed or printed name of signee

**Filing Fee: \$25.00**

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