## 111000010729

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2011 MAR 17 PH 2: 47

J. SAULSBERRY EXAMINER

MAR 1 8 2011

## **COVER LETTER**

TO: .	Registration Se Division of Cor						
SUBJECT: Hope 1			Industries, LLC				
		Name of Lim	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please 1	return all correspo	ndence concerning this matter	to the following:				
Alan		n F. Gonzalez, Esquire					
			Name of Person				
Walters Levine Klingensmith & Thomison, P.A.							
Firm/Company  601 Bayshore Blvd., Suite 720							
						_ •	
	Address				ÄLE Sele	70H	
		7	ampa, Florida 33606		2011 HAR 17 SLOKETAR TALLAHASS	11	
	City/State and Zip Code				SSS I	5	
	agonzalez@walterslevine.com  E-mail address: (to be used for future annual report notification)			mo.			
		E-mail address: (	to be used for future annual report noti	fication)	FST	<del>™</del> 2	[
For furt	her information co	oncerning this matter, please of	eall:		REP	PH 2: 47	
		Sonzalez, Esquire	at (_813 )	254-7474			
	Name of	f Person	Area Code & Daytin	ne Telephone Number			
Enclose	ed is a check for th	e following amount:					
\$25.	00 Filing Fee	*\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certified (	of Status &		)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed onJanua				
The Articles of Organization for this Limited Liability Company were filed onJanua	ary 26, 2011 and assigned			
11100010720				
Florida document number L11000010729 .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
A. If amending hathe, enter the new hame of the hinted hability company here.				
	<u> </u>			
The new name must be distinguishable and end with the words "Limited Liability Company," the L.L.C."	e designation "ID 6" or the abbreviation			
	SAR HAR			
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
	γ O			
	DRIDE TO			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
3. If amending the registered agent and/or registered office address on our rec	cords, enter the name of the nev			
egistered 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	1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•		Remove
	_		Add
			Remove
	<del> </del>		Add
			Kemove
			Add Remove
			201
			Add Remove
			17 P
			Add ⊐ Remove
D. If a.			REP. 1
o. Hai	Primary Business Purpose: To ident	e(s) here: (Attach additional sheets, if necessary.) tify and invest in entrepreneurial	ı
		oreign markets, in addition to any other	
	purposes permitted under Florida law	٧.	_
Dated _		11 🕥	_
	alin	the	
	Signature of a member	or authorized representative of a member	<del></del>
		Gonzalez, Esquire	<del></del>
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00