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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

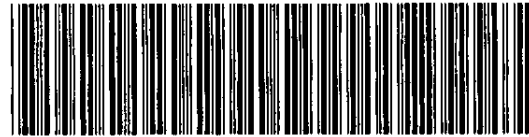
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 30 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **A NEW HOPE 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:

Betty Brouwer

Name of Person

Briele & Echeverria, PA

Firm/Company

5001 SW 74th Ct, suite 202

Address

Miami, FL 33151

City/State and Zip Code

bbrouwer@becpas.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Betty Brouwer

Name of Person

at **305 443-5768**

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

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TALLAHASSEE, FL 32301

A NEW HOPE LLC

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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> |
|--------------|-------------|----------------|---------------------------------|
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SECRET
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 21, 2013

Priscila Fakhouri

Signature of a member or authorized representative of a member

PRISCILA FAKHOURI

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE COURT OF FLORIDA
TALLAHASSEE, FLORIDA