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B. BOSTICK AUG **3 0** 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

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

ar (305)

443-5768

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

A NEW HOPE LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L11000015903</u> .	ny were filed on 02/07/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
PRISCILA FAKHOURI LLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designa	ation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		70
(Principal office address MUST BE A STREET ADDRESS)		ALC:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		29 PM 1: 42
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
	, Flori , City	rida 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 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

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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f am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Purila Lathour
	Signature of a member or authorized representative of a member
	PRISCILA FAKHOURI
	Typed or printed name of signee
	Page 2 of 2

Page 3 of 3

Filing Fee: \$25.00

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