LII 000092159

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT:	Tope Property Solutions LLC Name of Limited Liability Company	 .c. .a
The enclosed Articles of .	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Curtis May	
	Hope Property Solutions LLC	1 2
	6418 Buena Vista Drive	_
	Margate, Florida 33063	_
	E-mail address: (to be used for future annual report notification)	_
For further information co	concerning this matter, please call:	
Curtis Name of	May at (754) 816-088 Area Code Day time Telephone Num	ber .
Enclosed is a check for th	he following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status	Filing Fee. icate of Status & ied Copy mal copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hope Property Some of the Limited Liability Comp. (A Florida Limited	DUTIONS LLC any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000092159</u>	were filed on $8/11/2011$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Real World Ready LLC The new name must be distinguishable and contain the words "Limited Liabi	
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)	7821 OC
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

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.

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>	Type of Action
			□Add
			□ Remove
			🗀 Change
			□ Add
			□Remove
			□Change
	 		□Add
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			□Change
<u>_</u>			□Add
			□Remove

					
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(If an effective Note: If the	te, if other than the date of filing; late is listed, the date must be specific and o date inserted in this block does not me effective date on the Department of States.	cannot be prior to date et the applicable s	e of filing or more than 90 tatutory filing requirer	(optional) days after filing.) Pursuant nents, this date will not b	to 605.0207 (3 be listed as th
he record spec ord is filed.	ifies a delayed effective date, but not a	n effective time, a	t 12:01 a.m. on the ear	lier of: (b) The 90th da	y after the
Dated	October 3.	2022			
	<u>OG</u>	Mars			
	Signature of a file	ember or authorized	representative of a member of a member of signer	er	_