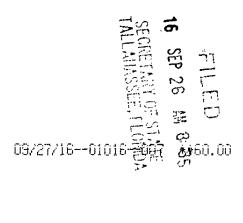
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eturn all correspo	ndence concerning this matter	to the following:			
	COLESTE MOORE				
		Name of Person			
مية المراجعية ميازيش يراجي	Hope unlimited peòi	PLE SERVICES LLC			
		Firm/Company		,	
•	1908 E. ORANGE AVEN	UE		ES 6	
		Address		CREI	, ' '}
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STE MOORE		352 516-9047			
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ed is a check for th	he following amount:				
6.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (e of Status & Copy	•
	HOPE UNI CT: closed Articles of eturn all correspondence of the c	HOPE UNLIMITED PEOPLE SERVICES Name of Limitation of Amendment and fee(s) are subseturn all correspondence concerning this matter COLESTE MOORE HOPE UNLIMITED PEOPLE 1908 E. ORANGE AVENT EUSTIS, FL 32726 DMOHUNLIMITED@GM E-mail address: (ther information concerning this matter, please of the please of	HOPE UNLIMITED PEOPLE SERVICES LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: COLESTE MOORE Name of Person HOPE UNLIMITED PEOPLE SERVICES LLC Firm/Company 1908 E. ORANGE AVENUE Address EUSTIS, FL 32726 City/State and Zip Code DMOHUNLIMITED@GMAIL.COM E-mail address: (to be used for future annual report notifical their information concerning this matter, please call: STE MOORE Name of Person Area Code Daytime T ed is a check for the following amount: 6.00 Filing Fee S35,00 Filing Fee & Certificate of Status Certificate Copy	HOPE UNLIMITED PEOPLE SERVICES LLC Name of Limited Liability Company Plosed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: COLESTE MOORE Name of Person HOPE UNLIMITED PEOPLE SERVICES LLC Firm/Company 1908 E. ORANGE AVENUE Address EUSTIS, FL 32726 City/State and Zip Code DMOHUNLIMITED@GMAIL.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: STE MOORE Name of Person Area Code Daytime Telephone Number at (at (at (at (at (at (at (at (at (at (HOPE UNLIMITED PEOPLE SERVICES LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing, eturn all correspondence concerning this matter to the following: COLESTE MOORE Name of Person HOPE UNLIMITED PEOPLE SERVICES LLC Firm/Company 1908 E. ORANGE AVENUE Address EUSTIS, FL 32726 City/State and Zip Code DMOHUNLIMITED@GMAIL.COM E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: STE MOORE Name of Person Area Code Daytime Telephone Number 2 \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certificate Copy Certificate of Status & Certificate Copy

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

ARTICLES OF ORGANIZATION OF HOPE UNLIMITED PEOPLE SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000032709</u>	were filed on <u>03/09/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1908 E. ORANGE AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	EUSTIS, FL 32726	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1908 E. ORANGE AVENUE EUSTIS, FL 32726	16 SEP 21
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:	17/4	
New Registered Office Address:	Enter Florida street address	
	, Floric	la

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 = N AMBR = 'A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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f an effe <u>Note:</u> 1	the date, if other than the date of filing: (optional) (optional) (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements, this date (in this block does not meet the applicable statutory filing requirements)	.) Pursuant to 605.0207 will not be listed as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlier of
	SEPTEMBER 5TH 2016	
Dated _	MANN.	
	Signature of a member or authorized representative of a member	
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