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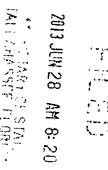
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special/Instructions to	Filing Officer:	
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J. SAULSBERRY EXAMINER JUL -1 2013

COVER LETTER

TO: Registration Section Division of Coγporations
SUBJECT: Hope tome Solutions CC Name of Limited Liability Company
F
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William J Hope
Hope Home Solutions UC Firm/Company
1100 Seagete Ave #238
Nepture Back F1 32266
E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at Sot, 460-5461 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$30.00 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:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Hore Home Jolutrus CLC	
(Name of the Limited Liability Company as if now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company were filed on	8 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company, "L.L.C."	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: 212 Flor	ide Blvd
(Principal office address MUST BE A STREET ADDRESS) Nepture	Besch , F1 32266
	2813 J
Enter new mailing address, if applicable:	- N
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter-the name of the new
Name of New Registered Agent:	
New Registered Office Address: 1100 Secrete Hue	#238
New Registered Office Address: 1100 Seagete Ave Enter	Florida street address, Florida 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:

MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
				
			Add	
			Remove	
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			Add	
			Remove	
				
			— 	
			Add	
			Remove	

D. I	fame	ending any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	• -		
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	-		
	_	1	0.1
Date	ed	June	79 10-3013
			Signature of a member or authorized representative of a member
			Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00