

# L13 000150429

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

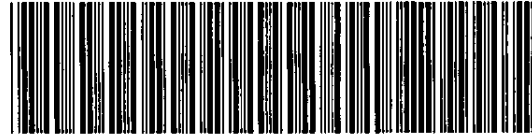
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



## 600252865396

11/05/13--01009--022 \*\*60.00

NOV - 6 2013  
T CLINE

2013 NOV - 5 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Hopeful Futures 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:

**Evelyn Melendez**

Name of Person

**Hopeful Futures LLC**

Firm/Company

**2420 Wild Tamarind Boulevard**

Address

**Orlando, FL 32828**

City/State and Zip Code

**evelynmelendez1@aol.com**

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

For further information concerning this matter, please call:

**Evelyn Melendez**

Name of Person

**at (407) 529-5165**

Area Code & Daytime Telephone Number

FILED  
2013 NOV -5 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Hopeful Futures LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/25/2013 and assigned  
Florida document number L13000150429.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Hopeful Futures Support Services LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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)

FILED  
2013 NOV -5 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent**

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>
MGR	Marcelino Cubilla	2420 Wild Tamarind Boulevard	<input checked="" type="checkbox"/> Add
		Orlando, FL 32828	<input type="checkbox"/> Remove
MGRM	Ingrid Cubilla	2420 Wild Tamarind Boulevard	<input checked="" type="checkbox"/> Add
		Orlando, FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2013 NOV 15 PM 12:34  
FILED

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

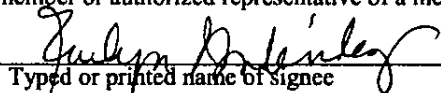
---

---

---

---

Dated October 31, 2013

Signature of a member or authorized representative of a member  
Evelyn Melendez   
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2013 NOV -5 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA