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COVER LETTER

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TO: Registration Sec Division of Corp		*					
Renee ar	nd Amanda's Hope Hou	use LLC					
SUBJECT: Name of Limited Liability Company							
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspon	idence concerning this matter	to the following:	·				
	Renee A Ramos-Re	dden					
		Name of Person					
	Renee and Amanda	's Hope House					
		Firm/Company					
	4622 SW 7th Ave.						
		Address					
	Cape Coral, Florida	33914					
		City/State and Zip Code					
	renee.rosheim@yahoo.com E-mail address: (to be used for future annual report notification)						
For further information co	ncerning this matter, please ca	•	cauony				
Renee A Ramos-Redden 239 603-2173							
Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a check for the	e 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 Fiting 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2015

RENEE A RAMOS-REDDEN 4622 SW 7 AVE CAPE CORAL, FL 33914

SUBJECT: NAYDINE'S HOPE HOUSE LLC

Ref. Number: L14000170890

We have received your document for NAYDINE'S HOPE HOUSE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 815A00007824

15 MAY -4 PH 2: 21
DEMAN -4 PH 2: 21
INVENTION OF STATE
TALL MILES STEEP LEASING

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NayDine's Hope House LI			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited I Florida document number <u>L14000170890</u>	Liability Company wen	e filed on 11-3-14	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
Renee and Amanda's Hope House	-LC		
he new name must be distinguishable and end with the		Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREET ADDRESS)		GD.	
			≥差 ず
			岩 素 ヵ
Enter new mailing address, if applicable:			ASS 18
Mailing address MAY BE A POST OFFICE BOX)			ED A
			FL0
			20 TO
 If amending the registered agent and registered agent and/or the new registered or an area or an area or an area or area. 		address on our records, er	nter the name of the ne
Name of New Registered Agent:	Renee A Ramo	s-Redden	
New Registered Office Address:	4622 SW 7th A		
		Enter Florida street address	
	Cape Coral	T21'.1	33914

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00