L15000/37572

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	dusiness Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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2015 SEP -8 A II: 40
SECRETARY OF STATE

SEP O 9 2015

COVER LETTER

TO: Registration Sec Division of Corp				
Millennials SUBJECT:	Investment Group LLC			
SUBJECT:				
	Amendment and fee(s) are sub-	-		
	Brittany H. Tucker	-		
		Name of Person		
	Millennials Investment Gre	oup LLC	_	
		Firm/Company		
	4474 Ozark Ave			
		Address		
	North Port, Florida 34287			
	 	City/State and Zip Code		
	b.tucker18@yahoo.com	to be used for future annual report notifice	ation)	
For further information co	oncerning this matter, please ca	•	2015 SEP SECRETALLAHA	71
Brittany H. Tucker		941 323-2627 at (EFAF HASS	
Name of Enclosed is a check for the		Area Code Daytime T	Celephone Numbers COT STA	FILED
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filling 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millennials Investment Group 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 August 12, 2015 and assigned Florida document number _____15000137572 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hope Homes Enterprise LLC The new name must be distinguishable and contain 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) 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 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 and familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Ex, 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 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>	Address	Type of Action		
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ffective date, if other that an effective date is listed, the date: If the date inserted in to ocument's effective date on	te must be specific and his block does not m	cannot be prior to eet the applicab			ing.) Pursuant to	
e record specifies a de The 90th day after the		ate, but not a	an effective tir	ne, at 12:01 a.r	m. on the ea	arlier of:
September 2	,	2015				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00