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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuttigan

NOV 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOPEFUL LIVING, 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:

REGINALD D. JONES

Name of Person

N/A

Firm/Company

2736 NE 28TH CT.

Address

LIGHTHOUSE POINT, FL. 33064

City/State and Zip Code

ONEMALENURSE9@GMAIL.COM

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

For further information concerning this matter, please call:

REGINALD D. JONES

754 779-1830
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2015

REGINALD D. JONES
2736 NE 28TH CT
LIGHTHOUSE POINT, FL 33064

SUBJECT: HOPEFUL LIVING, LLC
Ref. Number: L15000169703

We have received your document for HOPEFUL LIVING, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 615A00023572

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2015 NOV 16 PM 4: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOPEFUL LIVING, 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 10/6/2015 and assigned
Florida document number L15000169703.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2736 NE 28TH CT.

(Principal office address MUST BE A STREET ADDRESS)

LIGHTHOUSE POINT, FL. 33064

Enter new mailing address, if applicable:

2736 NE 28TH CT.

(Mailing address MAY BE A POST OFFICE BOX)

LIGHTHOUSE POINT, FL. 33064

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:

REGINALD D. JONES

New Registered Office Address:

2736 NE 28TH CT.

Enter Florida street address

LIGHTHOUSE POINT

City

Florida 33064

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 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.

REGINALD JONES Digitally signed by REGINALD JONES
DN: cn=REGINALD JONES, o=HOPEFUL LIVING, LLC, ou=MGR,
email=JONES@HOPEFULLIVING.COM, c=US
Date: 2015.10.30 16:38:30 -0400

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KARL LAZAR	809 NE 17TH TERR. UNIT C	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADISON J. CONNORS	915 NE 17TH TERR. #1	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS HERNANDEZ	2736 NE 28TH CT.	<input checked="" type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REGINALD D. JONES	2736 NE 28TH CT.	<input checked="" type="checkbox"/> Add
		LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER 30TH 2015

REGINALD JONES

Digitally signed by REGINALD JONES
DN: cn=REGINALD JONES, o=HOMER LIVING, LLC, ou=SGA, email=DANIELLE.NURSE@HOMERLIVING.COM, c=US
Date: 2015.10.10 16:43:40 -0400

Signature of a member or authorized representative of a member

REGINALD D. JONES

Typed or printed name of signee