

46000021310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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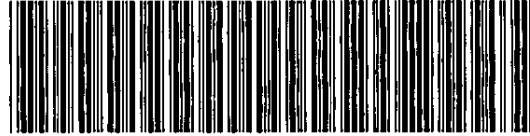
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 07 2016
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW HOPE FINISH CARPENTRY 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:

JOSE D PARAION

Name of Person

NEW HOPE FINISH CARPENTRY, LLC

Firm/Company

1351 NW 18TH DRIVE APT 207

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

davidparajon@yahoo.com

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

For further information concerning this matter, please call:

JOSE D PARAION

954

825 - 9568

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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

NEW HOPE FINISH CARPENTRY 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 FEBRUARY 01, 2016 and assigned
Florida document number L16000021310.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

JOSE D PARAJO

1351 NW 18TH DRIVE APT 207

POMPANO BEACH, FL. 33069

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:

JOSE D PARAJO

New Registered Office Address:

1351 NW 18TH DRIVE APT 207

Enter Florida street address


POMPANO BEACH

City

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TALLAHASSEE, FLORIDA
Zip Code 33069

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.


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	JOSE D PARAION	1351 NW 18TH DRIVE APT 207	<input type="checkbox"/> Add
		POMPANO BEACH, FL. 33069	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

ON ARTILCE IV THE NAME WAS REPORTED AS: DAVID J. PARAION, WHICH IS INCORRECT.

PLEASE MAKE THE FOLLING CORRECTION AS: JOSE D PARAION WITH ADDRESS: 1351 NW 18TH
STREET APT 207, POMPANO BEACH, FL. 33069.


E. Effective date, if other than the date of filing: 02/29/16 **(optional)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated FEBRUARY 29, 2016



Signature of a member or authorized representative of a member

JOSE D PARAION

Typed or printed name of signee

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