

L160000077015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N COOPER

APR 04 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hope Christian Church 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:

Reba Wilkerson
Name of Person

Hope Christian Church LLC
Firm/Company

165 Moss Ave
Address

Vernon, FL 32462
City/State and Zip Code

manatee365@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reba Wilkerson at 850 819-2660
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

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

HOPE CHRISTIAN CHURCH 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 APRIL 19, 2016 and assigned
Florida document number L16000077015.

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:

(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
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

REBA WILKERSON

New Registered Office Address:

165 MOSS AVE

Enter Florida street address

VERNON

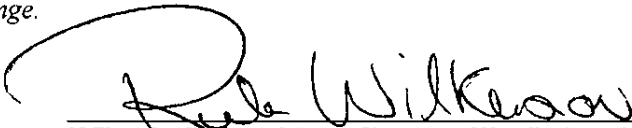
Florida 32462

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 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>
PRES	BO WILKERSON	165 MOSS AVE	<input checked="" type="checkbox"/> Add
		VERNON, FL 32462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TREAS	REBA WILKERSON	165 MOSS AVE	<input type="checkbox"/> Add
		VERNON, FL 32462	<input type="checkbox"/> Remove
		FIX LAST NAME	<input checked="" type="checkbox"/> Change
CLR	BOBBIE JEAN LAIRD	719 RADCLIFFE AVE	<input type="checkbox"/> Add
		LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
REV	DAVID VAN HUISEN	14709 LIVE OAK RD	<input type="checkbox"/> Add
		PANAMA CITY BCH, FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CLR	THERESA WILLIAMS	6326 LAIRD PARK RD	<input checked="" type="checkbox"/> Add
		PANAMA CITY BCH, FL 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TRU	Lillian Stephens	6326 LAIRD PARK RD	<input checked="" type="checkbox"/> Add
		PANAMA CITY BCH, FL 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NO. 10-2 AM 6:02

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated

3/27, 2018

Paul Wilkerson
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

REBA WILKERSON

Filing Fee: \$25.00