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## **COVER LETTER**

SUBJECT:				
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Richard D. Thate		
			Name of Person	
		Richard D. Thate, LLC		
		Name of Limited Liability Company  Is of Amendment and fee(s) are submitted for filing.  Respondence concerning this matter to the following:  Richard D. Thate  Name of Person  Richard D. Thate.  PirmuCompany  PO Box 974  Address  Palm Beach, FL 33480-0974  City/State and Zip Code  rthate@gmail.com  E-mail address: (to be used for future annual report notification)  ion concerning this matter, please call:  at (		
		PO Box 974	, ,	
	Address			
		Palm Beach, FL 33480-09	74	
			City/State and Zip Code	
		rthate@gmail.com	. ,	
		E-mail address: (	to be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please co	all:	
Richard D. T	`hate		at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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**Registration Section** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

	RICHARD D. THATE, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 05/06/2016	and assigned
lorida document number L16000089939	·	
his amendment is submitted to amend the follow	ing:	
. If amending name, enter the new name of th	e limited liability company here:	
	HOPEDOM, LLC	
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET		
The gai office dualess MOST BE A STREET		
		·
· · · · · · · · · · · · · · · · · · ·		
inter new mailing address, if applicable:	-	
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
		7.
3. If amending the registered agent and/or		nter the name-of the nev
egistered agent and/or the new registered offic	e address here:	1/2)
		. 0
Name of New Registered Agent:		
Name Danistania (NGS na Addennia		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Floric	la
•	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 = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			□ Remove
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Filing Fee: \$25.00