1/600/45976

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J. LEGGETT FEB 23 2016

COVER LETTER

TO:	Registration Se Division of Cor							
	НОРРЕ НО	OME OF JAX, LLC						
SUBJECT:Name of Limited Liability Company								
			-					
Please	e return all correspo	indence concerning this matter	to the following:					
		RYAN HOPPE						
			Name of Person					
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: RYAN HOPPE								
			Firm/Company					
HOPPE HOME OF JAX, LLC Firm/Company 1236 HAWTHORNE COVE DRIVE Address OCOEE, FLORIDA 34761								
			Address	· · · · · · · · · · · · · · · · · · ·				
		OCOEE, FLORIDA 3476	1					
City/State and Zip Code RYAN@MYHOPPEHOME.COM								
		E-mail address: (to be used for future annual report notifi	cation)				
For fu	rther information c	oncerning this matter, please ca	all:					
RYA	N HOPPE							
	Name o	f Person	Area Code Daytime	Telephone Number				
Enclo	sed is a check for th	ne following amount:						
■ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOPPE HOME OF JAX, LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000145976	ny were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	and assigned an
HOPPE HOME, LLC	
The new name must be distinguishable and contain the words "Limited Liab	ability 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)	: <u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9 2
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>nt:</u>

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 amendir	ng Authorized Person(s) authorized to m d from our records:	anage, enter the title, name, and	address of each person being added			
MGR = I	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			□ Remove			
			Change			
			Add			
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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to date of filing k does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605.0207 (3)(listed as the
the record specifies a delayed of The 90th day after the recor		ve time, at 12:01 a.m. on the ea	arlier of:
FEBRUARY 17	2018		
Dated			
	gnature of a member or authorized represent		

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Filing Fee: \$25.00