

L16000153599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

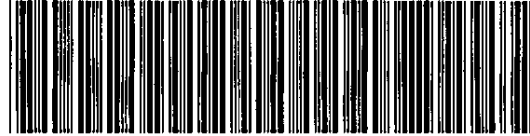
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600289353226

08/30/16--01014--011 **30.00

FILED
2016 AUG 30 A 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 31 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restore Hope of Jensen Beach, 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:

Wendy Kahn

Name of Person

Restore Hope of Jensen Beach, LLC

Firm/Company

3300 N.E. Sugarhill Avenue

Address

Jensen Beach, FL 34957

City/State and Zip Code

wk0121@gmail.com

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

For further information concerning this matter, please call:

Wendy Kahn

Name of Person

at

954

Area Code

465-7714

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

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

Restore Hope of Jensen Beach 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 08/16/2016 and assigned Florida document number L16000153599.

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)

FILED
2016 AUG 30 AM 11:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Wendy Kahn

New Registered Office Address:

3300 N.E. Sugarhill Avenue

Enter Florida street address

Jensen Beach

City

Florida

34957

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.

Wendy Kahn

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR Bonne Z Schefflin 3300 NE Sugarhill Avenue ☐ Add
Jensen Beach FL 34957 ☒ Remove

CEO
AMBR DR. Jose Juan Diaz 3300 NE Sugarhill Ave. ☒ Add
Jensen Beach, FL 34957 ☐ Remove

☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

 Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

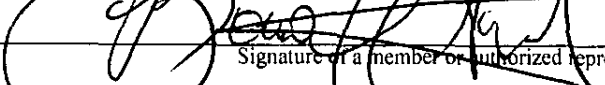
2016 JUN 30 AM 11:19

☐ Remove
☐ Change
☐ Add
☐ Remove
☐ Change

FILED

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 August 26, 2016

 Signature of a member or authorized representative of a member
Bone Z. Schellin
 Typed or printed name of signee

FILED
2019 DEC 30 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA