

L170000 70311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2020 JUN 22 11:10:53

R. W. W. T. T.  
ALB 07 003

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Finding Hope Home Care LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Svernes Blanc  
Name of Person

Finding Hope Home Care LLC  
Firm/Company

3411 16th St. E  
Address

Brenton FL 34208  
City/State and Zip Code

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

For further information concerning this matter, please call:

Angelina Santos at 941 465-3163  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2020. 22 11:10:53

Finding Hope Home Care 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 03/28/2017 and assigned  
Florida document number L17000070511

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

Name of New Registered Agent:

New Registered Office Address:

Suvenes Blanc

3411 16th St E  
Enter Florida street address

Boca Raton

City

Florida

34208

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.

Suvenes Blanc  
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>
AP	Suvenes Blanc	3411 16 <sup>th</sup> St. E	<input type="checkbox"/> Add
		Bradenton FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Angelina Santos	3411 16 <sup>th</sup> St E	<input type="checkbox"/> Add
		Bradenton FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Fredrick Taylor M, Jr	3411 16 <sup>th</sup> St. E	<input type="checkbox"/> Add
		Bradenton FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Schnider J Louis	3411 16 <sup>th</sup> St. E	<input type="checkbox"/> Add
		Bradenton FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Aliyah Taylor	3411 16 <sup>th</sup> St E	<input type="checkbox"/> Add
		Bradenton FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Shaeice Blanc	3411 16 <sup>th</sup> St. E	<input type="checkbox"/> Add
		Bradenton FL 34208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please make sure that everyone  
has AP by their names not  
RA. Thank you.

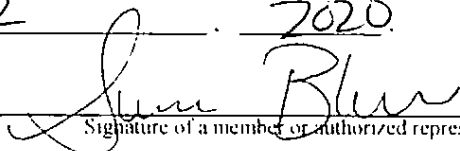
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 June 12 . 2020.



Signature of a member or authorized representative of a member

Jovene Blanc

Typed or printed name of signee