

L17000161828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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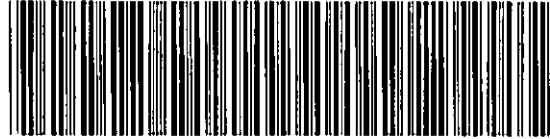
(Business Entity Name)

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DIVISION OF CORPORATIONS

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Florida Limited Liability Company
A HOPEFUL EXCHANGE LLC

Filing Information

Document Number L17000161828
FEI/EIN Number NONE
Date Filed 07/28/2017
Effective Date 08/01/2017
State FL
Status ACTIVE

Principal Address

10094 W. MCNAB RD
TAMARAC, FL 33321

Mailing Address

10094 W. MCNAB RD
TAMARAC, FL 33321

Registered Agent Name & Address

BAYARD, GISELLE L
1113 NW 97TH DRIVE
CORAL SPRINGS, FL 33071

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

[View image in PDF format](#)

*Please Add: Giselle L. Bayard
As An Authorized Person
See Enclosed.*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Hopeful Exchange, 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:

Giselle Bayard
Name of Person

A Hopeful Exchange, LLC
Firm/Company

10094 W. McNab Rd.
Address

Tamarac, FL 33321
City/State and Zip Code

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

For further information concerning this matter, please call:

Giselle Bayard at (954) 778-0746
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

A Hopeful Exchange, 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 _____ and assigned Florida document number L17000161828.

This amendment is submitted to amend the following: Authorized Member (See pg. 3)

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**)

10094 W. McNab Rd.

Tamarac, FL 33321

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1113 NW 9TH Drive

Coral Springs, FL 33071

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:

Enter Florida street address

Florida

City

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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>
<u>Ms.</u>	<u>Giselle L Bayard</u>	<u>1113 NW 9th Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Spgs, FL 33071</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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.

Dated August 3, 2017.

Guille Bayard
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Giselle Bayard

Typed or printed name of signee