L17000/65931

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OCT 27 2017

COVER LETTER

TO: Registration Sec Division of Corp				
subject: Нор	e Hibbert Name of Lim	Holdings Ll	<u>- C</u>	
The enclosed Articles of A	omendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Ras	sheed Hope Name of Person		
		Hibbert Hold		
	2929 SW	3rd Ave <	Suite 502	
	Miami Rasheed	FL 33129 City/State and Zip Code LHope G 9 mail to be used for future annual report no	Con =	- 1
For further information co	ncerning this matter, please ca		된. 소.	11 21
<u>Pasheed</u>	Hope Person	at (954) 822 Area Code Dayti	- 9316 - me Telephone Number .	77125 A 111
Enclosed is a check for the	following amount:		·	٦.
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Stat	us &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hope	Hibbert	Holdings	LLC
(Same of	the Limited Liability Co.	mpany as it now appears o	n our records.)
	(A Florida Limi	ted Liability Company)	

(A Florida Limited Lic	ability Company)	MI IXXW GA,		
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L17000165931}$.	rere filed on <u>Aug</u>	ust o3	, <u>2017</u> and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designal	tion "LLC" or	r 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)			73	
B. If amending the registered agent and/or registered offi		records, g	enter the name	of the new
registered agent and/or the new registered office address here:			5. → → =	5
Name of New Registered Agent:				
New Registered Office Address:	,			
	Enter Florida str	eet address		
		, Floric		
Many Designated Asserting Constitute (Catholica Bodies Bodies and	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 = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGRM</u>	Angelique Hibbert	2929 Sw 3rd Ave Miani	<u></u> ∏Add
		FL ,33129	Remove
			EChange
MGRM	Angelic Hibbert	2929 SW 31d Ave Miami, FL 33129	NAdd
		Miami, FL 33129	⊞ Remove
			Change
			<u></u> ₩Add
			 ∷ Remove
			[E]Change
			√(E)Add
		· 	Remove
			Change
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			⊞Remove
			Change
			Add
			ERemove
			_EChange

amending any other information, enter change(s) here: (Attach additional sheets	-	-	
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	•	7.00T	
fective date, if other than the date of filing:	_ (optiona	1)	, m
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 octe. If the date inserted in this block does not meet the applicable statutory filing requirem	days after fill ents, this da	ig.) Pursuant te will not b	to 605.0207 be listed as
ocument's effective date on the Department of State's records		>	j
anned consister a deleved effective data but as a set of at			1.
e record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	2:01 a.m	. on the	earlier of
ated Oct 18 2017.			
Signature of a number or authorized representative of a member	r		
_ Rasheed Hope			
hastilla trope			_

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Filing Fee: \$25.00