

117000210230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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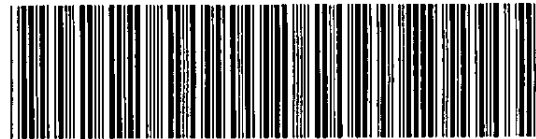
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 FEB 23 PM 7:03

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rae of Hope, 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:

Susan Hughes

Name of Person

Rae of Hope, LLC

Firm/Company

11864 Mountain Ash Rd E

Address

Jacksonville, FL 32223

City/State and Zip Code

rshughes22@hotmail.com

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

For further information concerning this matter, please call:

Susan Hughes

904 517-2534  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Rae of Hope, 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 10/11/17 and assigned  
Florida document number L17000210230.

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)

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**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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Susan R. Hughes	11864 Mountain Ash Rd E	<input type="checkbox"/> Add
		Jacksonville, FL 32223	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Member	Norview Trust Co.	280 South Ronald Reagan Blvd	<input type="checkbox"/> Add
	F/B/O Susan R. Hughes IRA	Suite 200	
		Longwood, FL 32750	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

**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 2/20, 2018

Jason R. Hughes

Signature of a member or authorized representative of a member

Susan R Hughes

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000210230  
FILED 8:00 AM  
October 11, 2017  
Sec. Of State  
diokeefe

**Article I**

The name of the Limited Liability Company is:

RAE OF HOPE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

11864 MOUNTAIN ASH RD E  
JACKSONVILLE, FL. 32223

The mailing address of the Limited Liability Company is:

P O BOX 57302  
JACKSONVILLE, FL. 32241

**Article III**

The name and Florida street address of the registered agent is:

SUSAN R HUGHES  
11864 MOUNTAIN ASH RD E  
JACKSONVILLE, FL. 32223

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SUSAN R HUGHES

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
NUVIEW TRUST CO. F/B/O SUSAN R HUGHES IRA  
280 S RONALD REAGAN BLVD SUITE 200  
LONGWOOD, FL. 32750

L17000210230  
FILED 8:00 AM  
October 11, 2017  
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#### **Article V**

The effective date for this Limited Liability Company shall be:

10/10/2017

Signature of member or an authorized representative

Electronic Signature: SUSAN R HUGHES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.