

L17000220146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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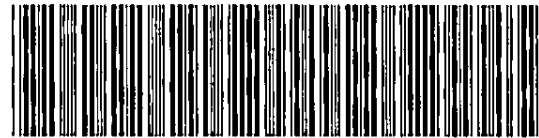
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 NOV 20 AM 7:10

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Hope Center Of Excellence, 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:

Kai Bisby

\_\_\_\_\_  
Name of Person

New Hope Center Of Excellence, LLC

\_\_\_\_\_  
Firm/Company

804 Highway 466

\_\_\_\_\_  
Address

Lady Lake Florida 32159-3918

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Mrs. Sheri E Bisby

\_\_\_\_\_  
Name of Person

at 352 750-6387  
( )  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

New Hope Center of Excellence, 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 10/24/2017 and assigned  
Florida document number L17000220146.

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TALLAHASSEE, FLORIDA

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:**

804 Highway 466

**(Principal office address MUST BE A STREET ADDRESS)**

Lady Lake, FL 32159-3918

**Enter new mailing address, if applicable:**

804 Highway 466

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

Lady Lake, FL 32159-3918

**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:

Mrs. Sheri Bisby

New Registered Office Address:

804 Highway 466

*Enter Florida street address*

Lady Lake

*City*

, Florida 32159-3918

*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>
AR	Mr Kai S Bisby		<input type="checkbox"/> Add
		804 Highway 466 Lady Lake Fl 32	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sheri E Bisby	804 Highway 466 Lady Lake Fl	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		804 Highway 466 Lady Lake Fl 32	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

17 NOV 20 AM 7:09

SECRETARY OF  
FALL ARREST

11/14/2017

**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.

(b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee