

h20000189169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

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D. BRUCE
OCT 19 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOPE AND BELIEVE GROUPE HOME 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:

ANTOLINA FERGUSON

Name of Person

HOPE AND BELIEVE GROUP HOME LLC

Firm/Company

1775 NW 11TH ST

Address

MIAMI FL 333167

City/State and Zip Code

iamlinaferguson@gmail.com

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

For further information concerning this matter, please call:

ANTOLINA FERGUSON

786

8708678

at ()

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

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

HOPE AND BELIEVE GROUP HOME 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 07/06/2020 and assigned
Florida document number L20000189169.

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:

1775 NW 111TH ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33167

Enter new mailing address, if applicable:

1775 NW 111TH ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33167

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>
PRESIDE	ANTOLINA FERGUSON	1775 NW 111TH ST MIAMI, FL 33167	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VICE PR	DON MARK	1775 NW 111TH ST MIAMI, FL 33167	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MELISSA BATES	19221 NE 10TH AVE APT 408, N MIAMI BEACH, FL	<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Change

STATION 8
FALL 2008
MGR: [illegible]
AMBR: [illegible]
VICE PR: [illegible]
PRESIDE: [illegible]

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

Title . President: Antolina Ferguson

Title, Vice-President: Don Marc

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TALLAHASSEE, FL

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 SEPTEMBER 4TH, 2020.



Signature of a member or authorized representative of a member

ANTOLINA FERGUSON

Typed or printed name of signee