## 120000 262 193

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



400352095724

99/15/20--01092--022 \*\*80.00

OCT 24 2020 S. YOUNG



## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	4 New Hop	e, LLC	<i>,</i> , , , , , , , , , , , , , , , , , ,	
		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		William B. Ritch, AMBR		
			Name of Person	<del></del>
		4 New Hope, LLC		
			Firm/Company	
		5302 Seminole Ave		
194			Address	
		Tampa, FL 33603		
			City/State and Zip Code	
		williamritch48@gmail.com		
		E-mail address: (1	to be used for future annual report notifications	ation)
For further is	nformation co	oncerning this matter, please ca	all:	
William B.	Ritch		813 215-2197 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	4 NEW HOPE, LLC		319
(Name of the Limite	ed Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	377
The Articles of Organization for this Limited Li Florida document number <u>L20000262193</u>	ability Company were file	d on	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Compa	ny," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		<del>_</del>
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE)	 ROY\		
(mutung utdress MAT BE AT 031 GTTTCE)			
B. If amending the registered agent and/or r agent and/or the new registered office addres		on our records, enter the	name of the new registered
Name of New Registered Agent:	William B. Ritch		
New Registered Office Address:	5302 Seminole Ave		
		Enter Florida street address	
	Tampa	, Florid:	a 33603
	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>	Address	Type of Action
AMBR	Will B. Ritch	5302 Seminole Ave	
		Tampa, FL. 33603	■Remove
			□Change
AMBR William B. Ritch	William B. Ritch	5302 Seminole Ave	<b>=</b> Add
		Tampa, FL. 33603	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
,	
•	
,	
,	
,	
•	
•	
(If an el Note:	9/11/2020 (optional)  fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco ord is f	rd 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 filed.
Dated	September 11th 2020
	William B. Retek, AMBR
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00