

L20 000 290 275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

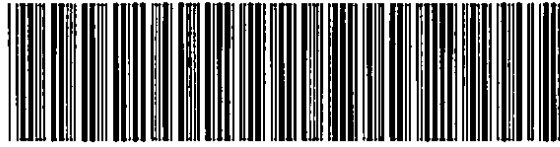
(Business Entity Name)

(Document Number)

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10/23/20--01011--029 \*\*25.00

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CLERK OF STATE  
20 OCT 23 PM 3:45  
NOTARY PUBLIC

*Amend/Name Change*

DEC 03 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HOPE MANAGEMENT TEAM, 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:

MILLEN Ally  
Name of Person

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

2625 53RD ST SW  
Address

NAPLES FLORIDA 34116  
City/State and Zip Code

Ally Milen 341@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MILLEN Ally at (239) 692 0002  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
CLERK OF STATE  
20 OCT 23 PM 3:45

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

MEDCARE TEAM, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
20 OCT 22 PM 3:45  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DALLAS, TEXAS

The Articles of Organization for this Limited Liability Company were filed on 9/16/2020 and assigned Florida document number L20000290275.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HOPE MANAGEMENT TEAM, LLC

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)

5031 TAMiami TRAIL EAST  
NAPLES FLORIDA 34113

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2625 53RD ST SW  
NAPLES FLORIDA 34116

**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:

MILLEN ALLY

New Registered Office Address:

5031 TAMiami TRAIL EAST

Enter Florida street address

NAPLES

City

Florida

34113

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>
AMBR	MILLEN AILY		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2625 53RD ST SW NAPLES FL 34116	<input checked="" type="checkbox"/> Change
MGR	MILLEN CLIVENS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		12223 FULLER LANE NAPLES FL 34113	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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) this date will not be listed as the

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.

Chouhine

MILLEN ALLY

Typed or printed name of signee

**Filing Fee: \$25.00**