## L21000037538

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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UNISHER OF CORPURATIONS

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## **COVER LETTER**

| то:    | Registration Se<br>Division of Cor |   |   |  |
|--------|------------------------------------|---|---|--|
| CHRI   | ECT:                               | THE WHISPER OF HOP                        | E LLC   |  |
| SOBS   | EC1.                               | Name of Limi                              | ted Liability Company   |  |
| The en | nclosed Articles of                | Amendment and fee(s) are subr             | nitted for filing.  |  |
| Please | return all correspo                | ndence concerning this matter t           | o the following:  |  |
|        |                                    | ROSEMARIE HENRY-GR                        | ANT   |  |
|        |                                    |   | Name of Person  |  |
|        |                                    |   | Firm/Company  | <del> </del>   |
|        |                                    | 2760 FOXHALL DR W                         |   |  |
|        |                                    | WEST PALM BEACH, FL                       | Address 33417   |  |
|        |                                    | WHISPERSOFHOPE22@G                        | City/State and Zip Code   |  |
|        |                                    | E-mail address: (t                        | o be used for future annual report no                               | otification)   |
| For fu | rther information e                | oncerning this matter, please ca          | df:   |  |
| ROSE   | EMARIE HENRY-                      | GRANT                                     | 561 255-8599<br>at ()   |  |
|        | Name o                             | f Person                                  | Area Code Dayti   | ime Telephone Number   |
| Enclos | sed is a check for th              | ne following amount:                      |   |  |
| □ \$2  | 25.00 Filing Fee                   | S30.00 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 Tallahassec, 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**

THE WHISPER OF HOPE LLC

| (A Florida Limite  | ipany a <u>s it now appears on our re</u> ed Liability Company) | <u>korus.</u> /                    |
|--|---|------------------------------------|
| The Articles of Organization for this Limited Liability Comparation document number <u>L21000027538</u> .          | ny were filed on 1/12/2021                                      | and assigned                       |
| his amendment is submitted to amend the following:   |   |                                    |
| A. If amending name, enter the new name of the limited li  | ability company here:   |                                    |
| he new name must be distinguishable and contain the words "Limited Lia   | ability 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)   |   |                                    |
|  |   | FEB 22 PH 12                       |
|  | · · · · · · · · · · · · · · · · · · ·                           | ري<br>م                            |
| inter new mailing address, if applicable:  |   | <b>2</b> 000                       |
|  | · · · · · · · · · · · · · · · · · · ·                           | <del>工</del> 第                     |
| Mailing address MAY BE A POST OFFICE BOX)  |   | <u> </u>                           |
|  |   |                                    |
| 3. If amending the registered agent and/or registered offic<br>gent and/or the new registered office address here: | e address on our records, <u>er</u>                             | iter the name of the new regi      |
| Nama of New Pagistarad Agents  |   |                                    |
| Name of New Registered Agent:  | <del></del>   |                                    |
| Name of New Registered Agent:  New Registered Office Address:  |   |                                    |
|  | Enter Florida street ad   | ldress                             |
|  |   | ddress<br>, <b>Florida</b><br>     |

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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>                 | Type of Action                           |
|--------------|-----------------------|--------------------------------|--|
| AMBR         | ROSEMARIE HENRY-GRANT | 931 VILLAGE BLVD. STE. 905-203 | <b>≣</b> ∧dd                             |
|              |                       | WEST PALM BEACH, FL. 33409     | □Remove                                  |
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| fective date, if other than the date of filing:(optional)  |  |
| on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wiscument's effective date on the Department of State's records. | Pursuant to 605.0207<br>ill not be listed as |
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The sis filed.  | 90th day after the                           |
| ated 2/15 2024.  |  |
| Signature of amember or authorized representative of a member  |  |
| ROSEMARIE HENRY-GRANT  |  |

Filing Fee: \$25.00