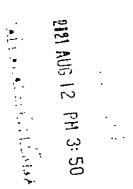
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Special Instructions to	Filing Officer:	
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COVER LETTER

UBJECT: Real Hope Co, LLC
Name of Limited Enability Company
he enclosed Articles of Amendment and feets) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Mathew Visagio
ibid
Firm Company
13672 Fern Trail Dr. N. Ft. Mers, Ft 33903
\ddress \ \ \mathcal{U} \ \rangle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
City State and Zip Code
E-mail address: (to be used for land annual report notification)
E-mail address: (to be used for lande annual report notification)
or further information concerning this matter, please call:
Mathew Visaggio at (239) 246-816 Name of Person/ Daytime Telephone Number
nclosed is a check for the following amount:
X \$25,00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{Cadditional copy is enclosed} \) \(\text{Certified Copy} \) \(\text{cadditional copy is enclosed} \)
Mailing Address: Street Address: Designation Constitution
Registration Section Registration Section Division of Corporations Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

Keal	Hope Co LLC	
(Name of the Limited Liab (A Flor	offity Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 2100035492</u>	Company were filed on	$\frac{2}{2021}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	united Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		2621 AUG
(Mailing address MAY BE A POST OFFICE BOX)		12
B. If amending the registered agent and/or register	and office address on our records	enter the name of the new registerer
agent and/or the new registered office address here	:	's
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	vaddress
	City	Florida 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 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
MGR	Nicholas Visaggio	5841 Countrywood Drive	
		5841 Countrywood Drive Sarasota, FL 34232	I.Remove
	,		□Change
MGR	Hallie Visaggio	13672 Fern Trail Drive	
		N. Ft. Myers, Fl 3390	<u>3</u> □Remove
			<u>\textsquare</u> Change
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	e inserted in this blo- ctive date on the Dep				tors tiling req	uirements, thi	s date will	not be listed:
-	s a delayed effective	date, but not	an effective	z tíme, at 12	:01 a.m. on the	e earlier of: (I	n The 90	th day after th
is filed.	,							
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