

121 000406662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

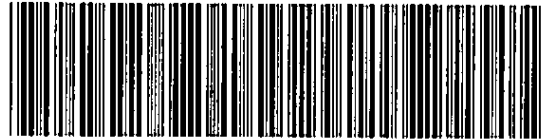
(Business Entity Name)

(Document Number)

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JD

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hope AA Trimming, 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:

Antonio A. Padilla Gutierrez

Name of Person

Firm/Company

18635 Phillips Rd

Address

City/State and Zip Code

Brooksville, FL 34604

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

For further information concerning this matter, please call:

Keila M. Abreu Grieco

863 397-0899

at ()
Area Code Daytime Telephone Number

Name of Person

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

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

Hope AA Trimming, 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 09/14/2021 and assigned
Florida document number L21000406662.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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 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>
MGR	Antonio A. Padilla Gutierrez	18635 Phillips Rd	<input checked="" type="checkbox"/> Add
		Brooksville, FL 34604	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Keila M. Abreu-Grieco	140 Connie Lee Ct	<input type="checkbox"/> Add
		Lakeland, FL 33809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Keila M. Abreu-Grieco	140 Connie Lee Ct	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33809	<input 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

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

To whom it may concern. We need to correct previously submitted information as follow.

Antonio A. Padilla Gutierrez is the (Owner) of Hope AA Trimming, LLC.

Keila M. Abreu-Grieco is an (Authorize person) for Hope AA Trimming, LLC.

Please make the necessary correction to Hope AA Trimming, LLC. Keila M. Abreu-Grieco can make any decision

necessary in office signing for legal Documents, financial and make any other necessary decision for

Hope AA Trimming, LLC in the event of Antonio A. Padilla Gutierrez owner of

of Hope AA Trimming, LLC is not available.

STATE OF FLORIDA

COUNTY OF POLK

The foregoing instrument was acknowledge before me this 21st day of September, 2021 by Keila meravis Abreu - Grieco
Antonio Abad Padilla Gutierrez
FLDLA 162-513-82-597-0
who has produced FLD P 342-001-78-457-0 as identification.

Kara Santos
Notary signature



KARA SANTOS
Notary Public
State of Florida
Comm# HH154007
Expires 7/14/2025

E. Effective date, if other than the date of filing: 9/17/2021 (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 17th day of September, 2021

Keila M. Abreu-Grieco
Signature of a member or authorized representative of a member

Keila M. Abreu-Grieco
Typed or printed name of signee

