

h22 000017485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

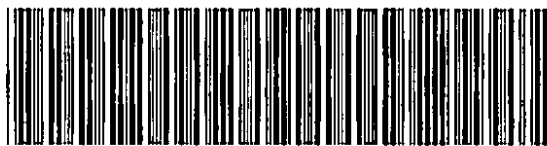
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22 AUG 17 PM 2:29

Division of Corporation

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DULCE HOPE 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:

REGINA RIQUENES GONZALEZ

Name of Person

DULCE HOPE LLC

Firm/Company

715 JOEL BLVD APT A

Address

LEHIGH ACRES/ FLORIDA 33936

City/State and Zip Code

riquenesregina@gmail.com

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

For further information concerning this matter, please call:

REGINA RIQUENES GONZALEZ

Name of Person
at (786) 865 9085

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

DULCE HOPE 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 01/07/2022 and assigned
Florida document number L22000017485.

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)

715 JOEL BLVD APT A

LEHIGH ACRES/ FLORIDA 33936

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

715 JOEL BLVD APT A

LEHIGH ACRES/ FLORIDA 33936

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:

715 JOEL BLVD APT A

Enter Florida street address

LEHIGH ACRES, Florida 33936

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	REGINA RIQUENES	715 JOEL BLVD APT A	<input type="checkbox"/> Add
		LEHIGH ACRES/ FLORIDA 33936	<input type="checkbox"/> Remove
		CHANGING ADDRESS	<input checked="" type="checkbox"/> Change
AMBR	CHALIA CUEVAS RIQUENES	715 JOEL BLVD APT A	<input type="checkbox"/> Add
		LEHIGH ACRES/ FLORIDA 33936	<input type="checkbox"/> Remove
		CHANGING ADDRESS	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CONSUMER AFFAIRS

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

22 AUG 11 PM 2:28

WILLIAM C. CROFT

E. 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)

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 AUGUST 11TH, 2022

Signature of a member

Signature of a member or authorized representative of a member

REGINA RIGUENES GONZÁLEZ

Typed or printed name of signee

Filing Fee: \$25.00

NAME: REGINA RIQUENES GONZALEZ

DAY TIME TELEPHONE NUMER: (786) 865 9085

RETURN ADDRESS: 715 JOEL BLVD APT A,
LEHIGH ACRES, FLORIDA 33936.