L22000046675

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		Hope Xpress I	LLC .			:		
SUBJEC	CT:		Name of Limite	ed Liability Company				
			nendment and fee(s) are subm					
			Biorky Valle Castro					
				Name of Person				
			Hope Xpress LLC			(/)	~2	***
			-	Firm/Company		N S	2022 F	المكتت
			9800 SW 167th St			ETA ATA	FEB 2	
				Address		RY OF	28 F	
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				City/State and Zip Code	-	FIXE	90	
			E-mail address: (t	o be used for future annual report notif	fication)	_		
For furt	her i	nformation co	ncerning this matter, please ca	ill:				
Biorky	Vall	e Castro		at ()		-	_	
		Name of	Person	Area Code Daytim	e Telephone Num	ber		
Enclose	ed is	a check for the	e following amount:					
a \$25	5.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing Fe icate of S icd Copy onal copy is	Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hope Xpress LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number L22000046675 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	any were filed on 01/19/2022 and assigned
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3541 SW 142nd Ave, Miramar, FL 33027
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3541 SW 142nd Ave. Miramar, FL 33027
registered agent and/or the new registered office address	d office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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>	Address	Type of Action
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Effective date, if other than the	e date of filing:		1 00	(option	al)	to 605 020
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document's effective date on the	Department of State's r	ecords.				
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Dated		<u>. </u>				
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