## L22000103901

(Requestor's Name)
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## **COVER LETTER**

	gistration Se vision of Cor				
our nom		 HOUSING FINANCIAL LLC	2.		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		DEDRA R. JONES			
			Name of Person		
		HOPE FOR HOUSING FI	NANCIAL LLC.	8	
			Firm/Company	22 AUG	
6034 Chester Avenue Suite 207C-5					
			Address		
		Jacksonville, Florida 3221	7	AM 10: 47	
			City/State and Zip Code		
		info@hopeforhousingfl.org	to be used for future annual report no		
Para Alastana i			•	AITICAROIT)	
		oncerning this matter, please co			
Dedra R. Jones		855 711-4247 at ()			
	Name o	f Person	Area Code Dayt	me Telephone Number	
Enclosed is	a check for th	ne 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)	
	iling Addres		Street Address:	lection.	
Registration Section Division of Corporations			Registration S Division of C		
P.O. Box 6327		The Centre of			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hope for Housing Financial LLC		
(Name of the Limi	ited Liability Company as it now app (A Florida Limited Liability Company	tars on our records.)
The Articles of Organization for this Limited 1 Florida document number L22000103901	02/28/2022 and assigned	
	<del></del>	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>herę</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." the	e designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N =
(Principal office address MUST BE A STRE	ET ADDRESS)	2
		10 知
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
		7 ;
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new registered
agent and/or the new registered office and/o	as nete.	
Name of New Registered Agent:	Dedra Jones	
New Registered Office Address:	6034 Chester Avenue Suite 207	C-5
	Enter F	lorida street address
	Jacksonville	Florida 32217
	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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	Christopher Sneed	6034 Chester Avenue Suite 207C-5	□Adđ
		Jacksonville, Florida 32217	■Remove
MGR	Dedra Jones	6034 Chester Avenue Suite 207C-5	<b>=</b> Add
		Jacksonville. Florida 32217	□Remove
			200 AUG ANGVE LATURE
			☐ Remove (A)
			□Add
			Remove
			⊡Add
			□Remove
			T.Ch