

h22 000 196726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

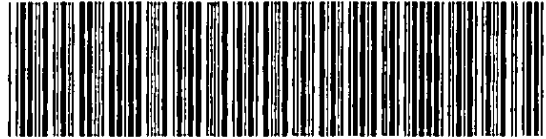
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



200393952472

09/13/22--01020--003 *#25.00

SEP 13 2022

R. HUNT

Spe

Im doing this change because
I did NOT mean to put my
husband (Kyle McEver) as the
owner. I was supposed to have
my name Hope McEver as
the owner.

Thank you!

Hope
(386) 576-4452

RECEIVED BY
DIVISION OF CORPORATIONS
2022 SEP 13 PM 12:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAIR by 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:

Hope McEVER
Name of Person
HAIR by HOPE LLC
Firm/Company
3426 VISTA PALM DRIVE
Address
Edgewater / FL / 32141
City/State and Zip Code
hkmcever@yahoo.com
E-mail address: (to be used for future annual report notification)

2022 SEP 13 PM 12:07

SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Hope McEVER at (386) 576-4452
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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

HAIR BY 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 4/25/22 and assigned Florida document number L22000196726.

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)

2022 SEP 13 PM 12:07
DIVISION OF CORPORATE
STATE

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

_____, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hope McEVER	3426 VISTA PALM DR.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2022 SEP 13 2:12 PM
DIVISION OF CORRECTIONS
STATE OF FLORIDA

2022 SEP 13 PM 12:07

2022 SEP 13 PM 12:07

SECRET
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

4 | 25 | 22

(optional)

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.

Dated 8.24.22

Nope McEwen
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Hope McEver

Typed or printed name of signee