

122000510383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

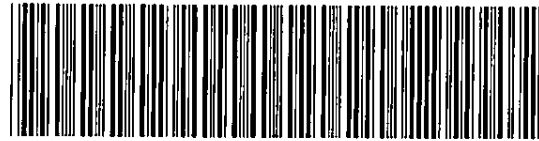
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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[Handwritten signature]

FILED
2024-11-4 3:36
STATE
FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2023

VICTOR VERDI
1770 WHITE ORCHID COURT
SARASOTA, FL 34235

SUBJECT: HOPE SHOT RECOVERY INC

2024-11-14 PM 1:24

We have received your document for HOPE SHOT RECOVERY INC. However, the document has not been filed and is being returned for the following:

This was approved in error. I am sending this amendment to make a correction. Please file out the cover letter completely. On the top line of the Articles of Amendment put the name of the business, the date it was formed and the document number as it appears on Sunbiz. If amending name enter the new name of the LLC company here on line A: Skip all the way down to the last page date and sign with a wet signature.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist III

Letter Number: 323A00028068

2024-11-14 3:36
STATE
FL

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

HOPE SHOT RECOVERY INC

(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 12/05/2022 and assigned
Florida document number L220005103873.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOPE SHOT RECOVERY LLC

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

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.

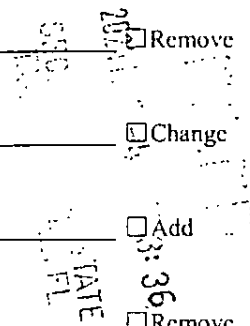
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change



[illegible]

(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)

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.

X _____
Signature of a member or authorized representative of the organization

SONYA L JOHNSON

SONYA L JOHNSON

Typed or printed name of signee

2003-11-11 11:36