## L23000258890

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## **COVER LETTER**

	istration Section ision of Corpor				
SUBJECT:	·	RENEWED			
		Name of Lim	ited Liability Company		
The enclosed	Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return	all corresponde	nce concerning this matter	to the following:		
		Michele	Ellis Name of Person		
			ed Hole Theo	upy and	Consultation, Ilc
		5424 N	w wisk Feen C	ai<	
		Pod SI	City/State and Zip Code	34986	
	_	Momus E-mail address: (1	900 @ gmail. Con	ication)	
For further in	iformation conce	erning this matter, please ca	att:		
7	Nuchele Name of Per		at ( <u>718</u> ) 490 Area Code Daytime	6470 Telephone Number	<del></del>
Enclosed is a	check for the fe	ollowing amount:			
\$25.00 F	iling Fee E	□ \$30.00 Filing Fee & Certificate of Status	☑ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

Kenewed !	Hope, LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000258890</u>	<u> </u>	2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited RENEWED HOPE THERAPY The new name must be distinguishable and contain the words "Limited Renew name must be distinguishable and contain the words "Limited Renew name must be distinguishable and contain the words "Limited Renew name of the limited Re	11	LLC r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registere
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	्र हैं।
	, Florid	da 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 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>	Type of Action
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			□Remove
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m effe o <mark>te:</mark>	ve date, if other than the date of filing:  (optional)  etive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecoro is til	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 ed.
ited_	·
	22/
	Signature of a member or authorized representative of a member
	Michele Ellis