

L110000 85053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

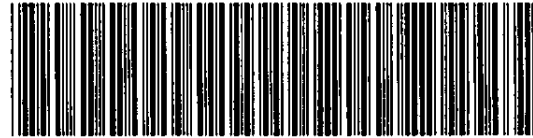
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB 13 PM 1:06

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2017 FEB 13 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 17 2017
J. HARRIS

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: Star of Hope Health Services, 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:

Precioso Timonera

Name of Person

Star of Hope Health Services, LLC

Firm/Company

1350 Tennessee Avenue, Suite B

Address

St. Cloud, FL 34769

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Precioso Timonera

407 346-6915
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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) |
|--|--|--|--|

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

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BUREAU OF COMPARATIONS
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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	Isabelle Ong	1350 Tennessee Avenue, Suite B	☐ Add
		St. Cloud, FL 34769	☒ Remove
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[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.

2017

[Signature]

Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
OFFICE OF CORPORATIONS
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