

L14000064197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

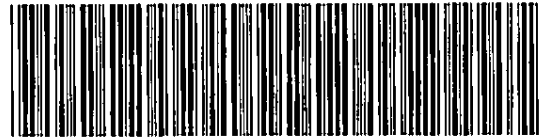
(Business Entity Name)

(Document Number)

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2018 APR 30 PM 4:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

B FIGUEROA

MAY 04 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2018

LINDA ADITION  
160 NW 176 ST STE 207-4  
MIAMI, FL 33169

SUBJECT: BEACON OF HOPE CONSULTATION SERVICES, LLC  
Ref. Number: L14000064197

We have received your document for BEACON OF HOPE CONSULTATION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of 3 is missing. Please complete the enclosed page and resubmit.

Please return the corrected original and one copy of 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) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 118A00008013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MEALON OF HOPE CONSULTATION 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:

LINDA ADITION  
Name of Person

MEALON OF HOPE CONSULTATION SERVICES, LLC  
Firm/Company

1160 NW 176 STREET SUITE 207-4  
Address

MIAMI FL 33169  
City/State and Zip Code

lindaadition@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Addition at (833) 400 4673  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

*Already paid*

*check # 410*

*cleared 4/18/18*

☐ \$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

DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

2018 APR 30 PM 2:35

RECEIVED

JP

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

Heaven of Hope Consultation Services, 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 4/21/14 and assigned  
Florida document number L14000064197.

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)

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TALLAHASSEE, FLORIDA

**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>
CEO	Linda Addition	160 NW 176 ST STE 208-4	<input type="checkbox"/> Add
		MIAMI FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2010 APR 30 PM 4: 27  
CLERK OF SUPREME COURT  
ALLAHABAD DISTRICT

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ALACHUA COUNTY FLORIDA

(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:

Dated APRIL 25<sup>th</sup>, 2018

Linda Adkins  
Signature of a member or author

Signature of a member or authorized representative of a member

Linda Adithan

Typed or printed name of signee