

418000091178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

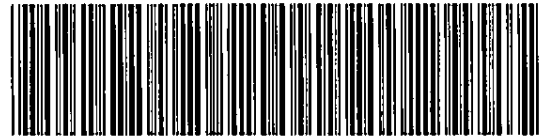
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
18 MAY 29 PM 3:418

N COOPER

MAY 31 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hope and Faith Center, 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:

Gina E. Lopez  
Name of Person  
Hope and Faith Center, LLC.  
Firm/Company  
2825 Wagon Wheel Trail  
Address  
St. Cloud, FL 34772  
City/State and Zip Code  
hfc.mentalhealth@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina E. Lopez at ( 321 ) 443-6281  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Hope and Faith Center, 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 04/11/2018 and assigned  
Florida document number L18000091178.

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**)

5 North 6<sup>th</sup> Street  
Haines City, FL 33844-4205

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

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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	Thelma Lopez	13 North Blvd. East	<input type="checkbox"/> Add
		Davenport, Fl. 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Juan A. Mejias	2825 Wagon Wheel Trail	<input type="checkbox"/> Add
		St. Cloud, Fl. 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Gina E. Lopez	2825 Wagon Wheel Trail	<input checked="" type="checkbox"/> Add
		St. Cloud, Fl. 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10/1/2019

FIELD  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAY 29 PM 3:48

**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 May 24<sup>th</sup> 2018

Linda E. Rogers

Signature of a member or authorized representative of a member

Gina E. Lopez

Typed or printed name of signee