

5/18/2020

Division of Corporations

Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: embdenne@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOPE IS ALIVE FOUNDATION, LLC**

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COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: Hope is Alive Foundation, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

-Please return all correspondence concerning this matter to the following:

Jessica Marschke

Name of Person

Business Filings Incorporated

Firm/Company

8020 Excelsior Dr Ste 200

Address

Madison, WI 53717

City/State and Zip Code

Emdenne@yahoo.com

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

For further information concerning this matter, please call:

Jessica Marschke

Name of Person

at (608)

Area Code

827-5300

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee☐ \$30 Filing Fee &
Certificate of Status☐ \$55 Filing Fee &
Certified Copy☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (12/13)

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**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:
Hope is Alive Foundation, LLC

SECOND: Document to be corrected is:
Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

See Attached

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Sandra Embden Drummonds
Signature of Authorized Representative

5/8/20
Date

Sandra Embden Drummonds, Member

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Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Hope is Alive Foundation, LLC

The incorrect statements are:

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 2223 RIVER PARK CIRCLE, #113, ORLANDO, FL 32817

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the names and addresses of the members of the Limited Liability Company are:
IMANI DREW NELSON, 2223 RIVER PARK CIRCLE, #113, ORLANDO, FL 32817
SANDRA EMBDEN DRUMMONDS, 2223 RIVER PARK CIRCLE, #113,
ORLANDO, FL 32817

The legal, mailing and member addresses are incorrect.

The correct statements are:

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 2223 RIVER PARK CIRCLE, #313, ORLANDO, FL 32817

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the names and addresses of the members of the Limited Liability Company are:
IMANI DREW NELSON, 2223 RIVER PARK CIRCLE, #313, ORLANDO, FL 32817
SANDRA EMBDEN DRUMMONDS, 2223 RIVER PARK CIRCLE, #313,
ORLANDO, FL 32817

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