120000123393

(Requestor's Name)
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(Addiess)
(City/State/Zip/Phone #)
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T. MATTHEWS JAN 14 2022

COVER LETTER

HEALING HOPE COUNSELING LLC

Registration Section
Division of Corporations TO:

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249,	#220	
		Address	
	HOUSTON, TX, 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
LOVETTE DOBSON		1 888-462-345	<u> </u>
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 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

COUNSELING LLC 22 JAY -3 PH 3: 33	
pany as it now appears on our records.) Hability Company)	
by were filed on 05/07/2020 and assigned	
bility company here:	
bility Company," the designation "LLC" or the abbreviation "L.L.C."	
103 North Ridgewood Drive Suite 202	
Sebring, FL 33870	
103 North Ridgewood Drive Suite 202	
Sebring, FL 33870	
address on our records, <u>enter the name of the new regist</u> e	
-	
Enter Florida street address	
, Florida	

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>	Address	Type of Action
AMBR	Angela Terreros	5234 Lafayette Avenue	□Add
		Sebring, FL 33875	□ Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Characa.

-	
	
<u> </u>	
-	
If an effective date is listed, the Note: If the date inserted in	han the date of filing: (optional) e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date of	on the Department of State's records.
e record specifies a delayed rd is filed.	l effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
December, 28	2021
	Ansola Terrena.
	Signature of a member or authorized representative of a member
	Angela Terreros
	Typed or printed name of signee