

K21 000078506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

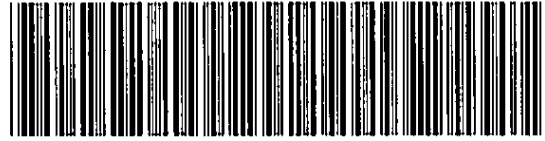
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Helans Hope and Healing Counseling LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helani Essa  
Name of Person

Helans Hope and Healing Counseling LLC  
Firm/Company

15690 Tokara Court  
Address

Jacksonville FL 32218  
City/State and Zip Code

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

For further information concerning this matter, please call:

Helani Essa at (904) 629 8041  
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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Helans Hope and Healing Counseling 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 2/16/2021 and assigned Florida document number L21000078506.

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)

**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:

Helan Essa

New Registered Office Address:

15690 Tokara court

Enter Florida street address

Jacksonville

City

Florida

Zip Code

32218

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MAR 18  
A 9:05  
2021

**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.*

Helan Essa

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>
MGR	Sear Essa	15690 Tokara Court	<input type="checkbox"/> Add
		Jacksonville FL 32218	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR ↓ owner	Helan Essa	15690 Tokara Court	<input checked="" type="checkbox"/> Add
		Jacksonville FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR ↓ authorized member	Sear Essa	15690 Tokara Court	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
registered agent	Helan Essa	15690 Tokara Court	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32218	<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

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The change I would like to make is to remove Sean Esse as the manager. He needs to be the authorized member. I need to be added as the manager/owner and be added as a registered agent / AMBIL. I can be reached at 904 629 8041 or email at helanessa@yahoo.com

\$35 included is for certified copy and Certificate of Status.

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2021 MAR 18 A 9:02  
TALLAHASSEE FLORIDA

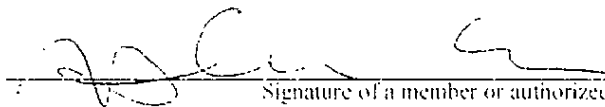
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

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.

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.

Dated 3/14, 2021.

  
Signature of a member or authorized representative of a member

Helanessa Esse  
Typed or printed name of signer