

# L23000179538

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

2023 SEP 14 AM 8:19

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AGAPE COMMUNITY BENEFIT CONSULTING, 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:

SALMA BENKABBOU

Name of Person

THE BENKABBOU LAW FIRM, PLLC

Firm/Company

620 E. TWIGGS STREET, STE 303

Address

TAMPA, FLORIDA 33602

City/State and Zip Code

INFO@BENKABBOULAWFIRM.COM

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

For further information concerning this matter, please call:

SALMA BENKABBOU

813

586-3351

at ( )

Name of Person

Area Code

Daytime Telephone Number

**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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 4, 2023

SALMA BENKABBOU  
THE BENKABBOU LAW FIRM, PLLC  
620 E. TWIGGS STREET, STE 303  
TAMPA, FL 33602

SUBJECT: AGAPE COMMUNITY BENEFIT CONSULTING LLC  
Ref. Number: L23000179538

We have received your document for AGAPE COMMUNITY BENEFIT CONSULTING 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):

The State of Correction must be signed by an Authorized Representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 723A00017644

**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: Agape Community Benefit Consulting, LLC

**SECOND:** The Florida Document number of the limited liability company is: 123000179538

**THIRD:** 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:

incorrect: Article IV Name of person authorized to manage LLC: Leah Gonzales g

Reason: Typo clerical error in spelling of last name. The incorrect last name includes an s and it's supposed to be a z.

Correct: Leah Gonzalez z

**OR**

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

**FILED**  
2023 SEP 14 AM 8:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**OR**

☐ The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

08/23/2023  
\_\_\_\_\_  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

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