

L24000072367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hope Consultation and Assessment, 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:

Robi Hope

Name of Person

Hope Consultation and Assessment, LLC

Firm/Company

13830 Rudi Loop

Address

Spring Hill, FL 34609

City/State and Zip Code

robihope5424@gmail.com

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

For further information concerning this matter, please call:

Robi Hope

541

602-8805

at (_____) _____

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

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

Hope Consultation and Assessment, 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 2/8/2024 and assigned
Florida document number L24000072367.

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: Robi Hope

New Registered Office Address: 13830 Rudi Loop

Enter Florida street address

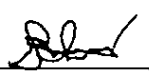
Spring Hill, Florida 34609

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

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	Robi Hope	13830 Rudi Loop	<input type="checkbox"/> Add
		Spring Hill, FL 34609	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Robi Hope	13830 Rudi Loop	<input type="checkbox"/> Add
		Spring Hill, FL 34609	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I, Robi Hope, was married on 5/4/2024 and am requesting name change from Robi Nelson to Robi Hope with included marriage certificate as evidence. I am also requesting correspondence email address be changed from robilnelson@gmail.com to robihope5424@gmail.com. Phone and addresses remain the same. Thank you!

E. Effective date, if other than the date of filing: 5/4/2024 **(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 25.0207 (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 May 13th 2024



Signature of a member or authorized representative of a member

Robi Hope

Typed or printed name of signee

Filing Fee: \$25.00

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2024ML516439

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) JESSE J HOPE		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) 08/22/1983
3a. RESIDENCE - CITY, TOWN, OR LOCATION SPRING HILL	3b. COUNTY HERNANDO	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) FL
5a. NAME OF SPOUSE (First, Middle, Last) ROBI LEA NELSON		5b. MAIDEN SURNAME (if applicable) HARDING	6. DATE OF BIRTH (Month, Day, Year) 04/29/1984
7a. RESIDENCE - CITY, TOWN, OR LOCATION SPRING HILL	7b. COUNTY HERNANDO	7c. STATE FL	8. Birthplace (State or Foreign Country) OR

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.



9. SIGNATURE OF SPOUSE (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/30/2024
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink)
13. SIGNATURE OF SPOUSE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 04/30/2024
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink)

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.



17. COUNTY ISSUING LICENSE HERNANDO	18. DATE LICENSE ISSUED 04/30/2024	18a. DATE LICENSE EFFECTIVE 05/03/2024	19. EXPIRATION DATE 06/29/2024
20a. SIGNATURE OF COURT CLERK OR JUDGE DOUG CHORVAT, JR.		20b. TITLE CLERK OF THE CIRCUIT COURT	20c. BY D.C. TD

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 05-04-2024	22. CITY, TOWN, OR LOCATION OF MARRIAGE Spring Hill, FL
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (for person performing ceremony)
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary at end) Elizabeth Kaylyn Hanes Minister	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 575 Camp Creek Rd Highlandville, MO 65669
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

CERTIFIED TO BE A TRUE COPY
DOUG CHORVAT, JR.
CLERK OF COURTS



BY: *Haileigh* D.C.
2024 MAY 13 11:23 AM