## L18000042546

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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DEC OX 2020 S. YOUNG

## **COVER LETTER**

TO: Registration So Division of Con			
CHIEN THE CORE	g4Offenders LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	William Johnson		
	<del></del>	Name of Person	<u> </u>
	Housing4Offenders LLC		
		Firm/Company	<del> </del>
	4512 S. Lake Orlando Pkw	уу	
	<del></del>	Address	
	Orlando, Fl 32808		
	<del></del>	City/State and Zip Code	
	housing4offenders@gmail.		
For further information of	concerning this matter, please c	to be used for future annual report noti all:	neation)
William Johnson		407 548-4623	
Name o	of Person	at () Area Code Daytim	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 Addre		Street Address: Registration Se	etion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Housing4Offenders 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 February 16, 2018	and assigned
Florida document number L18000042546		· -
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4512 S. Lake Orlando Pkwy	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL	
	32808	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	Flo	rida
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

vereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany has been notified in writing of this change.

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>	Name	Address	Type of Action
MGR	John Worling	1019 38th St.	
		Orlando, Florida	□Remove
		32805	□Change
<del></del>			<b>-</b>
			□Remove
			□Add
		<del></del>	□Remove
		· · · · · · · · · · · · · · · · · · ·	□ Add
		-7	
			Change
			□Add
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change

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(If an eff	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	OCHBER 22nd . 2020.  When Signature of a member or authorized representative of a member
	1. July
	Signature of a member or authorized representative of a member
	William Johnson
	Typed or printed name of signee

E. .