

L150000042546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

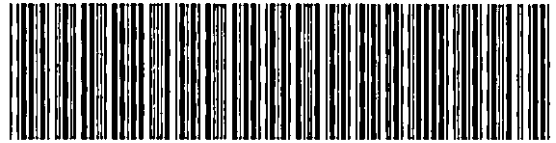
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS
FEB - 2 2023



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10/11/22--01025--017 **52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JAN 30 PM 4:14

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2022

WILLIAM JOHNSON
501 N. ORLANDO AVE. STE. 313
P.O. BOX 145
WINTER PARK, FL 32789

SUBJECT: PHOENIX HOUSING, LLC
Ref. Number: L18000042546

We have received your document for PHOENIX HOUSING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 822A00029024

113012023



**Ron Johnson
Robert Pace
John Worling
Mike Murphy**

Phoenix Housing LLC

Managing Partners

Phone: (407) 548-4623

Phoenix Housing LLC.

E-Mail: Info@Housing4Offenders.com

Website: www.housing4offenders.com
501 N. Orlando Ave
Ste 313 #145
Winter Park Fl. 32789

Attention Alicia Rivers;

Enclosed is the amendment form for the update of address and adding a new owner to the account. We sent in the wrong form, along with a check for \$52.50 that was cashed on October 13th. 2022.

Please add Michael Murphy as an addition.

Also, please change the street name on ALL of the members to read N. Orlando ave instead of N. Orange ave.

Thank you

William Johnson
Managing Partner

2023 JAN 30 PM 3:14
ST. JOHNS COUNTY
TALLAHASSEE
FILED

FILED

JAN 30 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHOENIX Housing 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:

William Johnson
Name of Person

PHOENIX Housing LLC
Firm/Company

501 N ORLANDO AVE Suite 373 #145
Address
Winter Park
~~ORLANDO~~, FL 32789
City/State and Zip Code

Housing4OFFENDERS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Johnson at (407) 209-6377
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PHOENIX Housing 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 2/16/18 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 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)

501 N. ORLANDO AVE
SUITE 313 #145
WINTER PARK, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 N. ORLANDO AVE SUITE 313
WINTER PARK, FL #14
32789

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:

New Registered Office Address:

Enter Florida street address

Florida

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

FILED
JAN 30 PM 4:14
TALLAHASSEE, FLORIDA
STATE SECRETARY

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NA

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.

Dated 1-24- 2023

Signature of a

Signature of a member or authorized representative of a member

William Tolpsov

Typed or printed name of signee

Filing Fee: \$25.00

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>
AMBR	Michael Murphy	501 N. Orlando Ave	<input checked="" type="checkbox"/> Add
		Suite 313 #145	<input type="checkbox"/> Remove
		Winter Park, FL 32789	<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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