

M 22 000 014 094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

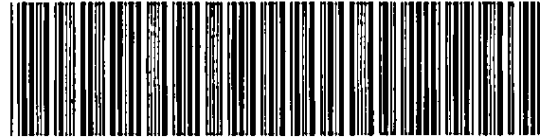
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/22--01020--006 **30.00

FILED
2023 JAN -3 PM 4:17
CLERK OF COURT
JAN 3 2023

Amend

FEB 03 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Risen Phoenix, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isaias Perez

Name of Person

Risen Phoenix, LLC

Firm/Company

1151 Quaye Lake Circle, Unit 104

Address

Wellington, Florida 33414

City/State and Zip Code

isaias@nextchapterbooks.co

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

For further information concerning this matter, please call:

Isaias Perez

Name of Person

at (610) 357-5363

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

CR2E055 (9/15)

STATE
TALLAHASSEE
JAN 3 2023

2023 JAN -3 PM 4:17

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2022

ISAIAS PEREZ
1151 QUAYE LAKE CIRCLE
UNIT 104
WELLINGTON, FL 33411

SUBJECT: RISEN PHOENIX, LLC
Ref. Number: M22000014094

We have received your document for RISEN PHOENIX, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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

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

Michael A Hall
OPS Clerk

Letter Number: 822A00027703

2022 JAN -3 PM 3:55

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Risen Phoenix, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000014094

3. Jurisdiction of its organization: ~~FLORIDA~~ Pennsylvania

4. Date authorized to do business in Florida: 09/01/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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.

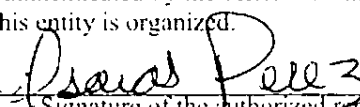
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Isaias Perez	1151 Quaye Lake Circle, Unit 104	<input type="checkbox"/> Add
		Wellington Florida 33414	<input checked="" type="checkbox"/> Remove
MBR	Isaias Perez	1151 Quaye Lake Circle, Unit 104	<input type="checkbox"/> Add
		Wellington, FLorida 33414	<input checked="" type="checkbox"/> Remove
AP	Isaias Perez	1151 Quaye Lake Circle, Unit 104	<input type="checkbox"/> Add
		Wellington, Florida 33414	<input checked="" type="checkbox"/> Remove
AMBR	Isaias Perez	1151 Quaye Lake Circle, Unit 104	<input checked="" type="checkbox"/> Add
		Wellington, Florida 33414	<input type="checkbox"/> Remove
MBR	Carolina Cuevas-Perez	1151 Quaye Lake Circle, Unit 104	<input checked="" type="checkbox"/> Add
		Wellington, Florida 33414	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Isaias Perez

Typed or printed name of signee

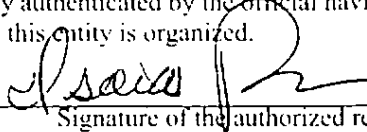
Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carolina Cuevas-Perez	1151 Quaye Lake Circle, Unit 104	<input type="checkbox"/> Add
		Wellington, Florida 33414	<input checked="" type="checkbox"/> Remove
AP	Carolina Cuevas-Perez	1151 Quaye Lake Circle, Unit 104	<input type="checkbox"/> Add
		Wellington, Florida 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Isaias Perez

Typed or printed name of signee

Filing Fee: \$25.00