

L10000124484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

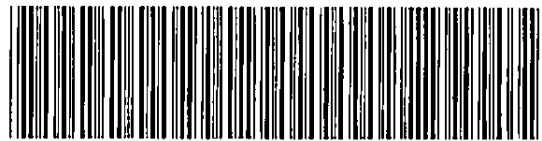
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APR 29 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FL

2024 APR 29 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

6. HUNT
04/25/24

CT CORP
(850) 656-4724
3458 Lakesore Drive
Tallahassee, FL 32312

Date: 04/29/2024

Acc#I20160000072

en: c DWH

Name:	RIZING GEOSPATIAL, LLC
Document #:	
Order #:	15517464

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

STATE
TALLAHASSEE, FL
APR 30 2024
AM 8:03

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIZING GEOSPATIAL, 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:

Kothandaraman Gopal

Name of Person

Firm/Company

Address

City/State and Zip Code

kothandaraman.gopal@wipro.com

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

NOV 13 2020 AM 8:03
STATE
OFFICE, FL
210

For further information concerning this matter, please call:

Kothandaraman Gopal

--91

80 28440078

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

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>
Manager	Rajasekhar Ramadas	8205 Santa Rosa Court	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Sarasota, FL 34243	<input type="checkbox"/> Change
Manager	Arpita Rawat	8205 Santa Rosa Court	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Sarasota, FL 34243	<input type="checkbox"/> Change
Member	Rizing LLC	300 First Stamford Place.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Stamford, CT 06902	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ESTATE
SARASOTA, FL
JAN 29 AM 8:03
RECEIVED

APR 29 AM 8:03
LAKEVIEW, FL

[illegible]

Effective date, if other than the date of filing: _____ (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 605.0207 (3)(b)

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.

Dugb
Signature of a member or authorized representative of a member

Typed or printed name of signee

11,055 -12/16/2021 Wolters Kluwer Online