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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rise and Ender Disel) 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:
Colin Spencer Wood Name of Person
Rise and Grind Enterprises, LCC Firm/Company 11716 Tamiani Mail North Suite H
11716 Tamiani Mail North Suitett
Naples, FC 34/10 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Colin Splus ex Way at (739) 77-9797 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Kise and	Grind Enterphises, LCC
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears of our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	
This amendment is submitted to amend the following	E AND TO A TO
A. If amending name, enter the new name of the	For St. D
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11216 Tamiam: Trail North Suito 168 Naples, FC 34110
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	Colin Spencer Wood
New Registered Office Address:	11716 Tamion; Trail North Suite 16
_	Enter Florida street address Vaple 5 City Florida Zip Code
New Registered Agent's Signature, if changing Regist	tered 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 Title Name <u>Address</u> **Type of Action** _□ Add _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change ☐ Remove □ Change _□ Add ☐ Remove

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Effective o	late, if other than th	e date of filing:			(ор	tional)		
Note: If th	e date is listed, the date m e date inserted in this l s effective date on the	block does not mee	t the applicable					
The 90t	specifies a delaye th day after the re	cord is filed.			ne, at 12:01	a.m. on	the e	arlier o
Dated	August	1514	201	7				
 	August	lik	N	1				_
		Signature of a mer	nber or authorize	ed representative o	f a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00