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J. SAULSBERRY EXAMINER JUL 19 2013

## **COVER LETTER**

	Registration Section , Division of Corporations			
SUBJEC	David A. Sapp, LLC			
SUBJEC	Name of Limited Liability Company			
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning this matter to the following:			
	David A. Sapp			
	Name of Person			
	David A. Sapp, Attorney at Law, PLLC			
	Firm/Company			
	801 East Cervantes Street, Ste B	5,	26	÷
	Address	7. 	33	_
	Pensacola, Florida 32501		2013 JUL 18	4 m
	City/State and Zip Code			:
	E-mail address: (to be used for future annual report notification)		AM 9: 40	
For further	er information concerning this matter, please call:	⊕r:	0	
Dav	id A. Sapp850_475-0500			
Name of Person Area Code & Daytime Telephone Number				
Enclosed	is a check for the following amount:			

□\$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■\$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

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

## STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVID A. SAPP, LLC			
(Name of the Limited Liabil (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability			
Florida document number L13000074593	. •	•	
Torred decament number	<del></del> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
RISET CAPITAL, LLC			
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," the	designation "LLC" on the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>	
		21V1 f	
Enter new mailing address, if applicable:		<b>5</b> 7 <b>5</b>	
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or reg		ords, enter the name of the new	
registered agent and/or the new registered office ad	idress nere:		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Class	ida street address	
	Enter Flor	ida sireei aaaress	
	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
			298 3 JII
			CO Add
			Remove
		<del></del>	9: 40 JAIE OHIĐA
		<u> </u>	Add
			Remove
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-EFFECTIVE DATE OF THIS AMENDMENT TO CHANGE THE NAME IS JULY 15, 2013	*
Dated JULY 15 2013	
A Tom	
Signature of a member or authorized representative of a member	
DAVID A. SAPP, MANAGING MEMBER	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2013 JUL 18 AM 9: 40