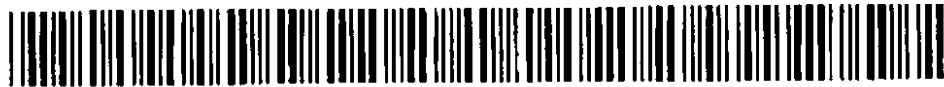


**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000336423 3)))



H220003364233ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : COMITER & SINGER, LLP  
Account Number : 120000000085  
Phone : (561)626-4742  
Fax Number : (561)626-4742

2022 SEP 30 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Corporate@comitersinger.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RIS ASSOCIATES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

C. BRUMBLEY  
OCT - 3 2022

Electronic Filing Menu

Corporate Filing Menu

Help

H22000336423 3

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: RIS Associates 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:

Keith B. Braun, Esq.

\_\_\_\_\_  
Name of Person

Comiter, Singer, Baseman &amp; Braun, LLP

\_\_\_\_\_  
Firm/Company

3825 PGA Blvd., Suite 701

\_\_\_\_\_  
Address

Palm Beach Gardens, FL 33410

\_\_\_\_\_  
City/State and Zip Code

corporate@comitersinger.com

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

For further information concerning this matter, please call:

Keith B. Braun

561

626-2101

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

H22000336423 3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIS Associates 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 03/24/2015 and assigned  
Florida document number L15000052520.

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

FILED  
2022 SEP 30 PM 2:54  
SIGNED BY OFFICIAL  
ALEXANDER

**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

City, Florida 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 555, 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



H02000336423 3

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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)

**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.

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.

Dated September 30, 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Keith B. Braun, Authorized Representative

Typed or printed name of signer

**Filing Fee: \$25.00**