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COVER LETTER

Division of Corporations
SUBJECT: Roung Process healty LC Name of Limited Ljability Company
(Valle of Estates) Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tameka D. McDarriel
Name of Person
Riging Phoenix Realty, LC
· 105 Dakland Avenue
Address
<u> Manford, 12 32773</u>
City/State and Zip Code
E-mail address: (to be used for future angual report notification)
For further information concerning this matter, please call:
Tameka McDaniel at 407, 575-3605
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

MAILING ADDRESS:

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

Rising Ph	ncenix. Rea	Hy LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability	· · ·	4/11/2016 and assigned	
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the do	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
T			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office and amending the new registered office and amending the new registered Agent:	gistered office address on ddress here:	our records, enter the name of the nev	
New Registered Office Address:			
	Enter Florida street address		
-	Çity	, Florida Zip Code	
New Registered Agent's Signature, if changing Registe	• •	,	
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete performance of i l agent as provided for in C ered office address, I hereb se.	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is v confirm that the limited liability	
	If Changing Registered Age	ent, Signature of New Registered Agent	
	Page 1 of 3	3: 11 STATE LORID	

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>	Address	Type of Action
MGR	Steven McDaniel	105 Oakland Avenue	
		105 Oakland Avenue Sanford, FL 32773	[] Remove
			☐ Change
			☐ Remove
		***************************************	☐ Change
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			Change

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Effective date, if other than the date of filing: 4.18.16 (optional)	10 7 (2)(!
(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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the uncert of first in odes on the Department of State in records.	as the
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of:
) The 90th day after the record is filed.	
Dated April 18, 2016.	
Molecular.	
Senature of a member or authorized representative of a member	
to the second	
Typed or printed name of signee	
m-co C	
Page 3 of 3	