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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor					
	er Construction, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fec(s) are sub-				
	Joshua A. Highlander			 -9	
		Name of Person			77
	Rise Construction Services	, LLC			_
	17410 NW 177th Avenue	Firm/Company		TALLAHASSEE FLOR	im U
	Alachua, Florida 32615	Address		CORIDA LORIDA	
	josh.highlander@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	fication)		
For further information of	concerning this matter, please ca	all:			
Joshua A. Highlander		352 538-4739 at ()			
Name o	of Person		e Telephone Number	,	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

J. Highlander Construction, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny <u>as it now appears on our records.)</u> Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000117893</u> .	were filed on June 20, 2016 and assigned
This amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
RISE Construction Services, LLC	
he new name must be distinguishable and contain the words "Limited Liabil	ity 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)	SEE, FLORIDA
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joshua A. Highlander	17410 NW 177th Avenue	
		Alachua, FL 32615	
			■ Remove
			Change
	Joshua A. Highlander	17410 NW 177th Avenue	Change
MGR			
		Alachua, FL 32615	
			□ Remove
			Frange
	Kyle E. Robinson	9717 SW 55th Road	23
MGR	Ryle E. Roomson	77 (7 (7 7 3 5 Ki Kuad	THE REAL PROPERTY.
		Gainesville, FL 32608	SSS M
			1 1/ 17 7 7
			Change
			Charge
			□ Remove
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			LI Add
			☐ Remove
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record specific The 90th day a	es a delayed effec fter the record is	ctive date, but filed.	not an effectiv	e time, at 12:0	1 a.m. on the	earlier
ted March	le TH	2019	··			
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Page 3 of 3

Filing Fee: \$25.00