16 000 117893

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
(50	omoso Emily Marin	~ ,
(Do	cument Number)	
). (20)	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only



COVER LETTER

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TO: Registration S Division of Co			19	10 M 9.55
RISE Con	struction Services, LLC		ج -	5 4% 6 8%
<u></u>	Name of Lim	ited Liability Company		30
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		J. 3.
Please return all corresp	ondence concerning this matter	to the following:		
	Josh Highlander			
		Name of Person		
	RISE Construction Service	es. LLC		
		Firm/Company		
	17410 NW 177th Avenue			
		Address		
	Alachua, Fl. 32615			
	-	City/State and Zip Code		
	josh.highlander@riseconsts		· · · ·	
Dan Carlan In Commission		to be used for future annual report notif	ication)	
	concerning this matter, please co			
Josh Highlander		352 538-4739 at ()		
Name (of Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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 ARTICLES OF ORGANIZATION OF

T			
ARTICLES OF C	ORGANIZATION 💪 🚫		
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	5 🛞		
RISE Construction Services, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	OPRGANIZATION F Ny as it now appears on our records.) Liability Company) Worse filed on 06/20/2016 and assigned		
The Articles of Organization for this Limited Liability Company	were filed on 06/20/2016 and assigned		
Florida document number L16000117893	4/4 455.5.104		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The 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:	17410 NW 177th Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Alachua, Fl. 32615		
Enter new mailing address, if applicable:	17410 NW 177th Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Alachua, FL 32615		
			
B. If amending the registered agent and/or registered of			
registered agent and/or the new registered office address here	2:		
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>	Name	Address	Type of Action
MGR	Kyle E. Robinson	9717 SW 55th Road	
		Gainesville, FL 32608	□ Add
			Remove
			□ Change
			□ Remove
			Change
			
			Remove
			Change
	<u></u>		
			□ Remove
			Change
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			☐ Change
		 	
			□ Remove
			Change

 				
				
				
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ffective date, if other than the	date of filing:		(optional)	
Iffective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b				
locument's effective date on the f			quirements, time date trim not so	sted a.s ti
e record specifies a delaye		not an effective time	e, at 12:01 a.m. on the ea	arlier of:
The 90th day after the rec	cora is filea.			
December 9	2019			
Dated	·	·		
	,)/	uthorized representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00