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COVER LETTER

	Registration Sec Division of Corp		•	
OVID TE C		ORWARD LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		17350 STATE HWY	249 SUITE 220	
			Address	
		HOUSTON TX 7706	34	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		MARSHA@INCFILE		
		E-mail address: (to be used for future annual report notific	eation)
For further	r information co	ncerning this matter, please co	all:	
MARS	HA SIHA		888 462-3453	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filling 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMAGE FORWARD LLC				
Name of the Limited Liability (A Florida I	Company as it now appears on our re Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Co	mpany were filed on 02/27/20	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
Rise Above 360 LLC				
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
<u>Principal office address MUST BE A STREET ADDRI</u>	<u></u>			
Enter new mailing address, if applicable:		<u></u>		
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe	ered office address on our rec	ords, enter the name of the nev		
registered agent and/or the new registered office addre		V-1-11		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ac	Enter Florida street address		
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co- accept the obligations of my position as registered ago being filed to merely reflect a change in the registered	mplete performance of my dutie ent as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is		
company has been notified in writing of this change.				
	If Changing Registered Agent, Signat			
	Page 1 of 3	m e gg		

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

tle	<u>Name</u>	Address	Type of Action
		 	Add
			□ Remove
			□ Add
			Remove
			Add
			☐ Remove
			Remove
			Add
			□ Remove
			PILE OR OR OR OR STATE ASSET FLORIDA
			F L C Remove C STATE ASSET FLORIDA

nan the date of filing: ific, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	(optional) not be more than 90 days after
h - AMBR	
	tive of a member
	by the Florida Department of State) 2017

Page 3 of 3

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