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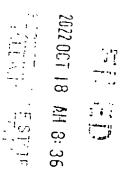
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Certified Copies Certificates of Status
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A. BUTLER JAN 12 2023

COVER LETTER

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CHD IECT.	RISE ABO	VE 360 LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The constant	1 A-4:-1 1*	A	to the letter	
		Amendment and fee(s) are sub	-	
Please return	all correspo	ondence concerning this matter	to the following:	
		Anthony Morales		
			Name of Person	
		MyUSACorporation.com		ip Code annual report notification) 330-2677 Daytime Telephone Number Daytime Telephone Number S60.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
			Firm/Company	
		l Radisson Plaza, Suite 80	0	
			Address	
		New Rochelle, NY 10801		
			City/State and Zip Code	
		info@myusacorporation.cor	n to be used for future annual report notificati	
For further in	nformation c	oncerning this matter, please ca	·	(11)
Anthony Mo	orales			
	Name o	f Person	at () Area Code Daytime Tel	ephone Number
		ne following amount:		
□ \$25,00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>M</u> ai	iling Addres	<u>s:</u>	Street Address:	
Reg	gistration S	Section	Registration Section	
Div	vision of C	orporations	Division of Corpora	ations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

31.	
2022 0-	
2022 OCT 18	AH 8: 35
	`-
5.50	IST IF

RISE ABOVE	360 L L C		1317	8 AH 8: 35
(Name of the Limited Liability Company (A Florida Limited Lia		rs on our records.)		3ESTITE
The Articles of Organization for this Limited Liability Company w	ere filed on _	02/27/2017	and	•
Florida document number L17000046341				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company h	ere:		
RISE ABOVE ELC				
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:	<u> </u>			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our i	records, <u>enter the</u>	name of the r	new registered
				
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Flo	orida street address		

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.

City

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

Title	<u>Name</u>	Address	Type of Action
· ———			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
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Signature of a member or authorized representative of a member	
Michael Huth	