117000205665

(Requestor's Name)
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(Marcos)
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COVER LETTER

,	gistration Se ision of Cor			
SUBJECT:	Rising Pho	enix, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Ilease return all correspondence concerning this matter to the following: James Papachristos			
Please return	ı all correspo	ndence concerning this matter	to the following:	
		James Papachristos		
		4	Name of Person	
			Firm/Company	
		7030 Half Moon Cir, Apt .	317	
		·	Address	
		Hypoluxo/FL 33462		
			City/State and Zip Code	
		= -		
		E-mail address: (to be used for future annual report notif	leation)
For further in	nformation c	oncerning this matter, please ca	all:	
James Papac			201 925-4324 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	a check for th	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)	☐ \$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

Rising Phoenix, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	5)
The Articles of Organization for this Limited Liability Company Torida document number 1.17000205665	were filed on 10/04/2017	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	•
Inter new principal offices address, if applicable:		17 SEC
Principal office address MUST BE A STREET ADDRESS)		20 C T
		SSEE, FU
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records. <u>e</u> :	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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>	Address	Type of Action
MGR	James Papachristos	7030 Half Moon Cir, Apt 317	■ Add
		Hypoluxo, Fl. 33462	
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
		 	Change
			☐ Remove
			☐ Change
			Add
			Remove
			□ Chango

TALLAMAS SEE: FLORIDA 10/03/2017	ffective date, if other than lan effective date is listed, the date	the date of filing; must be specific and (:	date of filing or	more than 90 day	(optional) s after filipe i Pursu	ant to 605.02
HASSEE, FLORI	ffective date, if other than	the date of filing	. 10/03/2017			(ontional)	
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Typed or printed name of signee

Filing Fee: \$25.00