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Special Instructions to	Filing Officer	7
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Office Use Only



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04/23/18--01029--027 **52.50

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D. SCOTT MAY 1 0 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2018

CECILY LANTON 6400 SW 20TH AVE APT 6 GAINESVILLE, FL 32607

SUBJECT: RISEWARE LLC Ref. Number: L18000082736

We have received your document for RISEWARE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00008496

RECEIVED
2018 MAY - 7 PM 1: 32
DEPARTMENT OF STATE
TALLAHASSEE. FLORIGGE

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

то:	Registration Section Division of Corporations		
SUBJI	ECT: RISEWARE LLC		
	Name of Limited Liability Company		
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Cacily Lanton Name of Person		
	RISEWARE LLC Firm/Company	יבח יכו	•
	G400 5W 20th AVE APTG Address	2918 WAY - 7	Table 1
	Gity/State and Zip Code		J
	City/State and Zip Code cecily lanton Gamnil: Com E-mail address: (to be used for future annual report notification)	Eno speces))
For fur	rther information concerning this matter, please call:		
	Cecily Lanton at (352) 215-6092 Name of Person Area Code Daytime Telephone Number		
Enclos	sed is a check for the following amount:		
□ \$2	(additional copy is enclosed) Certified (additional	copy is enclosed)	
	- \$52.50 partially paid, rem	ander on	check
	MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our	records.)		_
The Articles of Organization for this Limited Liability Company of Florida document number <u>L18600</u> 82736.	vere filed on	4/-	2/201	and :	assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company her	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the de	signatio	n "LLC" or t	the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	17231	Ν	Stat	e RD	121
(Principal office address MUST BE A STREET ADDRESS)	Gainesv:	le	FL	32653	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)				<u>ं</u>	
not changing					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our r	ecords, <u>e</u> ı	nter the nam	
Name of New Registered Agent:					
New Registered Office Address:	Enter Flori				
	Enter Flori	aa sireei			
	City		, Florid	aZip Coo	de
New Registered Agent's Signature, if changing Registered Agent:	•			,	
I hereby accept the appointment as registered agent and agre					

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
			Add
			□ Remove
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Signature of a member authorized representative of a member	_		Signature of a	member authori	zed represer	Mov ntative of a me	mber			-

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Filing Fee: \$25.00