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COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Rising Sun Resolutions, LLC Name of Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Wells Richards Name of Person	
	NexTech Firm/Company	
	339 Cross Park Drive	
	Peurl MS 39208 City/State and Zip Code	2011 DEC 14
	E-mail address: (to be used for future annual report notification)	1 P T
For further i	nformation concerning this matter, please call:	PH 2: 30
h	Als Richards at (601) 830-2870 Name of Person Area Code Daytime Telephone Number	든 원 8
Enclosed is	check for the following amount:	
\$25.00 [(additional copy is enclosed) Certified (e of Status &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	

Tallahassee, Fl. 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rising Sun Res	solutions, LLC	
(<u>Name of the Umited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number $\underline{L}1800087896$.	any were filed on $4/6/2018$ and assigne	ed .
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	liability company here:	-71
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "LAC"	***************************************
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	2	<u> </u>
		30
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		the new
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
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Filing Fee: \$25.00