L18000099100

(Red	questor's Name)	
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(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registratio Division of	n Section Corporations		
	apital LLC		
SUBJECT:	Name of Limi	ited Liability Company	·
The enclosed Article	s of Amendment and fee(s) are subi	mitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Yadvindera Bhatti		
		Name of Person	
	Rise Capital LLC		
		Firm/Company	
	55 SW 9th Street, Unit 320	1	
		Address	
	Miami, FL 33130		
		City/State and Zip Code	
	yadbhatti@outlook.com		
	E-mail address: ()	to be used for future annual report notif	ication)
For further informati	on concerning this matter, please ca	all:	
Yadvindera Bhatti		917 520-4699 at ()	
Na	me of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check t	or the following amount:		
\$25.00 Filing Fe	e S30.00 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

Rise Capital LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our record Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability Co Florida document number L18000099100	ompany were filed on April 19, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3
Principal office address MUST BE A STREET ADDRI		28
Enter new mailing address, if applicable:		6 PH IZ
Mailing address MAY BE A POST OFFICE BOX)		- 32
3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		s, enter the name of the
New Registered Office Address:		
	Enter Florida street addres	ex
	, Fl	orida
	Circ	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
* AMBR	Jatinder Bhatti	2 Cottage Lane	Add
		Marlboro, NJ 07746	□ Remove
		·	Change
# AMBR	Tejvinder Parmar	212 10th Avenue South, Apt 103	Add
		Minneapolis, MN 55415	Remove
			☐ Change
M. AMBR	Nickolas Stukas	6653 Parkwood Road	Add Add
		Edina, MN 55436	Remove
			Change
			
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□ Remove
			Change
			□ Add
			☐ Remove

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ctive date, if other than the	ne date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.
: If the date inscrted in this	block does not meet the applicable statutory Department of State's records.	y filing requirements, this date will not be listed
ecord specifies a delay se 90th day after the re		tive time, at 12:01 a.m. on the earlie
d	2018	

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Typed or printed name of signee

Filing Fee: \$25.00