

L18000099100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

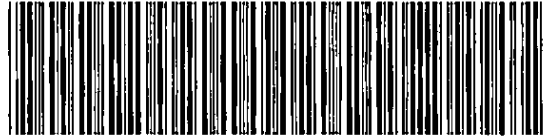
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 16 PM 12:32

N COOPER

JUL 24 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rise Capital 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:

Yadvindra Bhatti

Name of Person

Rise Capital LLC

Firm/Company

55 SW 9th Street, Unit 3201

Address

Miami, FL 33130

City/State and Zip Code

yadbhatti@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yadvindra Bhatti

917

520-4699

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

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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>	<u>Address</u>	<u>Type of Action</u>
AMGR AMBR	Jatinder Bhatti	2 Cottage Lane	<input checked="" type="checkbox"/> Add
		Marlboro, NJ 07746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR AMBR	Tejvinder Parmar	212 10th Avenue South, Apt 103	<input checked="" type="checkbox"/> Add
		Minneapolis, MN 55415	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR AMBR	Nickolas Stukas	6653 Parkwood Road	<input checked="" type="checkbox"/> Add
		Edina, MN 55436	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated May 15, 2018

Dr. Deane

Signature of a member or authorized representative of a member

Yadvinder Bhatti

Typed or printed name of signee