

118000284772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

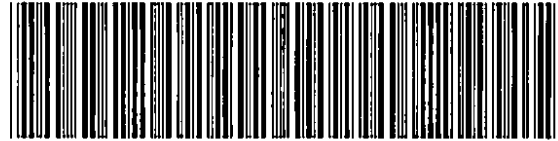
(Business Entity Name)

(Document Number)

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FILED  
2019 JAN 14 PM 1:17  
FALL ARIZONA COUNTY

1/16/19

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Rise Realty Group, 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:

Michael Roberts  
Name of Person  
Rise Realty Group, LLC  
Firm/Company  
8409 N Military Trl #112  
Address  
Palm Beach Gardens FL 33410  
City/State and Zip Code  
mroberts@reach4housing.org  
E-mail address: (to be used for future annual report notification)

FILED  
2009 JUN 14 PM 11:00  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Michael Roberts at (561) 310-2585  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/11/2018 and assigned Florida document number L18000284772

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain ~~NO RESERVED WORDS OR CHARACTERS THAT ARE RESERVED FOR THE STATE OF FLORIDA~~

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

~~NO RESERVED WORDS OR CHARACTERS THAT ARE RESERVED FOR THE STATE OF FLORIDA~~

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Patricia Tracey	8409 N Military Trl # 112 Palm Beach Gardens FL 33410	Add Remove
			Change
MGR	Michael Roberts	8409 N Military Trl # 112 Palm Beach Gardens FL 33410	Add Remove
			Change
* Limited Partner	Patricia Tracey	8409 N Military Trl # 112 Palm Beach Gardens FL 33410	Add Remove
			Change
* Limited Partner	Michael Roberts	8409 N Military Trl # 112 Palm Beach Gardens FL 33410	Add Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED  
2019 JAN 11 PM 17

E. Effective date, if other than the date of filing: 1/10/2019 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date.

Multiple horizontal lines for additional information.

Dated 1/10/2019

Michael Roberts  
Signature of a member or authorized representative of a member

Michael Roberts  
Typed or printed name of signee