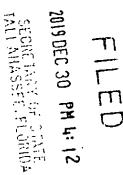
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	] MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	/s
Special Instructions to Filing Officer.	

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LALBRITTON

## **COVER LETTER**

TO: Resistration Section Division of Corporations	*
SUBJECT: RISING Stars Propair Name of Limited	ration Center L.C.
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Reenie Ky Rising Stars	Name of Person  Preparation Center L.LC  Firm Tompany
510 W. Orange	Ave. Address
Tallaj	nalsu FL 32310 ity/State and Zip Code
Wur locas hair	Oldord. Com  sused for future annual report notification)
For further information concerning this matter, please call:	
Reenie Kyles Name of Person	at (880) 128 - 5449 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee  \$\frac{1}{2}\$	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kising Stars Preparation	
(Name of the Limited Lability Compa) (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1900075499.	were filed on Garid assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tallahassu H, 32303
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	Co214 Alamo Dr. Tallahosse F1, 32303
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Reery	e Kyles
New Registered Office Address: 6214 Manus	Enter Florida sweet address
Tale	City Florida Horida, 32303

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 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			Change
			[]Add
		ClChange	
			□Add
		[]Remove	
		□Change	
			□Add
		□Remove	
		E)Change	
		Q1 - 4 April 100 - 10	[]Add
		□Remove	
		□Remove	
		□Change	

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	<del></del>
* 1 4545	
(If an e Note:	tive date, if other than the date of filing: (optional) (feetive 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he rece	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	12/30/19
	War 16/1
	Stenature of a member or authorized representative of a member
	Lavia Willan
	Typed or printed name of signee