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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 Status			
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COVER LETTER

Registration Section TO: **Division of Corporations**

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SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RITA NODA		
	<u></u>	Name of Person	
	RISE ENTERTAINMENT	LLC	
	 .	Firm/Company	
	4266 GREENBRIAR LAN	IE .	
		Address	
	WESTON, FL 33331		
	RISELENT.1@GMAIL.COM	City/State and Zip Code	
	F-mail address: (i	o be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
RITA NODA		786 380-2587	
	f Person	at () Area Code Daytime	: Telephone Number
Name o	i Person	Area Code Dayum	e Telephone Number
Enclosed is a check for the	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

RISE ENTERTAINMENT LLC

222 411 64 12
(Name of the Limited Liability Company as it now appears on our records, 311 0-12
(A Florida Limited Liability Company)
ひれがあり さいこうかい かれます

Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
A. If amending hame, enter the new hame of the number had	mey company nere.		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:	RITA NODA		
(Principal office address MUST BE A STREET ADDRESS)	4266 GREENBRIAR LANE		
	WESTON, FL 33331		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	address on our records, enter the name of	the new registe	
	nddress on our records, enter the name of	the new registe	
agent and/or the new registered office address here:	address on our records, enter the name of	the new registe	
	nddress on our records, enter the name of	the new registe	
agent and/or the new registered office address here:		the new registe	
Name of New Registered Agent:	Enter Florida street address		
Name of New Registered Agent:	Enter Florida street address, Florida		

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>	Address	Type of Action
MGR	CARLOS RAMOS		□Add
		CARLOS RAMOS, 20 NW 203RD TERRACE, MIAMI FL 33169	DAdd
			■Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			\ _Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□Change

o. If amending any other informa	tion, enter change(s) here: (And	ach additional sheets, if necessary.)
		
		
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(tutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective ecord is filed.	ve date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after the
06/01/2022	5:00 PM	
Dated	· · · · · · · · · · · · · · · · · · ·	
	Signature of a member or authorized re	procentative of a member
	RITA NODA	ря сменьшие от а пистност

Typed or printed name of signee