

L20 000021723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

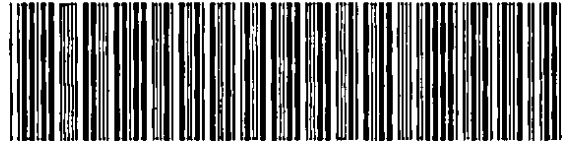
(Business Entity Name)

(Document Number)

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1/20/21
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

92 NE 48 St. LLC

SUBJECT: _____
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:

Susan Sisson

Name of Person

Firm/Company

9348 Parque St. Apt. 78

Address

New Port Richey, FL 34653

City/State and Zip Code

riscapitalgroup@yahoo.com

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

For further information concerning this matter, please call:

Susan Sisson at (727) 389-5384

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SS

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

92 NE 48 ST LLC

(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 01/14/2020 and assigned Florida document number L20000021723.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9348 Parque St. Apt. 78

Principal office address MUST BE A STREET ADDRESS)

New Port Richey, FL 34653

Enter new mailing address, if applicable:

9348 Parque St. Apt. 78

Mailing address MAY BE A POST OFFICE BOX)

New Port Richey, FL 34653

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:

Susan Sisson

New Registered Office Address:

9348 Parque St. Apt. 78

Enter Florida street address

New Port Richey

Florida 34653

City

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	Susan Sisson	9348 Parque St. Apt. 78	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34653	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
IGR	PIVOTAL KEY LLC		<input type="checkbox"/> Add
		609 NE 2ND AVE	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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Effective date, if other than the date of filing: December 1, 2020 (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 document's effective date on the Department of State's records.

e record 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 rd is filed.

Dated December, 01 2020

Susan Sisson
Signature of a member or authorized representative of a member

Susan Sisson

Typed or printed name of signee