

L20 0000 47021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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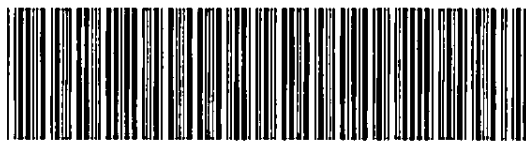
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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1/25/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Rising Star Residential Remodeling 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:

John J Hickton Jr.  
Name of Person

Rising Star Residential Remodeling LLC  
Firm/Company

4350 51st Avenue  
Address

St Petersburg, FL 33711  
City/State and Zip Code

jakehickton@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

John J Hickton Jr. at (312) 543-2611  
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

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

Rising Star Residential Remodeling 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 02/17/2020 and assigned Florida document number 1.2000047021.

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 the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4350 51st Avenue South

**(Principal office address MUST BE A STREET ADDRESS)**

St. Petersburg, FL 33711

Enter new mailing address, if applicable:

4350 51st Avenue South

**(Mailing address MAY BE A POST OFFICE BOX)**

St. Petersburg, FL 33711

**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:

Insight Accounting LLC

New Registered Office Address:

1465 S Fort Harrison Ave., Suite 207

Enter Florida street address

Clearwater


City

Florida 33756

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.*

 CPA

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>
AMBR	John J. Hickton Jr	4350 51st Avenue South	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33711	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Maria Claudia Hickton	4350 51st Avenue South	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33711	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Liliana Lizarralde	11901 4th Street N	<input type="checkbox"/> Add
		#4102	<input checked="" type="checkbox"/> Remove
		St. Petersburg, FL 33716	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE FL

Effective date, if other than the date of filing: October 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) any effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

**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.

Dated 12/09/2020

2/09/2020, \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Liliana Lizarralde**

Typed or printed name of signee

**Filing Fee: \$25.00**