L21000040972

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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June 18, 2021

SAMUEL T. HOUSTON 701 EAST TENNESSEE ST. TALLAHASSEE, FL 32308

SUBJECT: TESSERACT REAL ESTATE, LLC

Ref. Number: L21000040972

We have received your document for TESSERACT REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00013779

Alecia Rivers Regulatory Specialist II

2021 JUN 24 PH 1:39

COVER LETTER

TO:	Registration S Division of Co.			
CUD III	TESSERA	CT REAL ESTATE, LLC (Na	me Change Amendment)	
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Samuel T. Houston		
			Name of Person	
		Williams & Coleman, P.A		
			Firm/Company	
		701 East Tennessee Street		
			Address	
		Tallahassee, Florida 32308	3	
		jrivas0524@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furth	ter information c	concerning this matter, please c	all:	
Sam Ho	uston		850 222-0013	
	Name c	of Person	Area Code Dayti	me Telephone Number
Enclosed	l is a check for t	he following amount:		
≣ \$25.	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration S	ection
	Division of C	ornorations	Division of Co	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TESSERACT REAL ESTATE, 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 01/21/2021 and assigned Florida document number L21000040972 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RISE REAL ESTATE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C," NAEnter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA 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: NA Name of New Registered Agent: NA New Registered Office Address: Enter Florida street address . Florida __

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

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
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Effective date, if other than t	he date of filing:		(optional)
If an effective date is listed, the date n	nust be specific and cannot be prio- block does not meet the applic	r to date of filing or more than 90 cable statutory filing requiren	days after filing.) Pursuant to 605.0207 ents, this date will not be listed as
e record specifies a delayed effected is tiled.	tive date, but not an effective t	ime, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
Dated May 12	2021	·	
Les i	>		
	(1 1 XX	orized representative of a memb	

Filing Fee: \$25.00

Typed or printed name of signee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TESSERACT REAL ESTATE, L			
(Name of the Lim	ited Liability Comp (A Florida Limited	any <u>as it now appears on our records.)</u> Liability Company)	
The Articles of Organization for this Limited I	Liability Compan	y were filed on 01/21/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
RISE REAL ESTATE, LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter the	e name of the new regist
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		12: 01
		Enter Florida street address	
		, Flori	
		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

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
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			□Remove
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Note: If the date inserted in this block	ex does not meet the applicable stant partment of State's records.	nory tiling requirements, this day	le will not be listed as t
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ne record specifies a delayed effective ord is filed. Dated May 12			The 90th day after the

Filing Fee: \$25.00