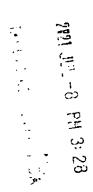
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COVER LETTER

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TO: Registration Section

Division of C	orporations		
	RISE PARTNERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Adam Snow		
		Name of Person	
	GF SUNRISE PARTNER	S LLC	
		Firm/Company	
	3389 SHERIDAN STREE	T. #296	
	-	Address	
	HOLLYWOOD, FL 3302	1	
		City/State and Zip Code	
	adam@snowrealestate.net E-mail address: (to be used for future annual report not	ification)
For further information	n concerning this matter, please c		
Adam Snow		at () 321-2126	
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ompany as it now appears on our recornited Liability Company)	<u>(ds.)</u>
pany were filed on 05/05/2021	and assigned
I liability company here:	
Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
<u></u>	
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	<u> </u>
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ffice address on our records, <u>ente</u>	r the name of the new regis
Enter Florido street addr	P(V
	Florida Zip Code
	Liability Company here: Liability Company." the designation "LL. SS) Enter Florida street address

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
MGR	Adam Snow	3389 SHERIDAN ST. #296	🗆 Add
		HOLLYWOOD, FL 33021	■Remove
			, □Change
MGR	IGR SRE MANAGER LLC	3389 SHERIDAN ST. #296	≣Add
		HOLLYWOOD, FL 33021	□Remove
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ective date, if oth	er than the date of fi	īling:		(option		<0.4 W9.0
te: If the date inser	d, the date must be specific ted in this block does n	not meet the applica	o date of filing or mobile statutory filing	re than 90 days after requirements, this	rning.) Pu s date wil	rsuant to 605.020 I not be listed a
	late on the Department	of State's records.				
cument's effective d		as 1			. 77 00	
		, not an effective tin	ie, at 12:01 a.m. o	n the earlier of: (b) The 90	Jth day after the
ecord specifies a del	ayed effective date, but					
ecord specifies a del is filed.						
ecord specifies a del is filed.						
ecord specifies a del is filed.			_•			
ecord specifies a del is filed.	2 A130			t a member		

Filing Fee: \$25.00