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Y. SCOTT
DEC 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Risen Investments 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:

Daniel Valencia
Name of Person
Risen Investments LLC
Firm/Company
1000 Brickell Ave. Suite 715 PMB 240
Address
Miami, FL 33131
City/State and Zip Code
daniel@danielvalencia.me
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
CORPORATION
STATE

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For further information concerning this matter, please call:

Daniel Valencia at (305) 3316991
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

Risen investments LLC

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	ALFREDO AWAPARA	1000 Brickell Ave.	<input type="checkbox"/> Add
		Suite # 715 PMB 240	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AMBR	ALFREDO AWAPARA (Please add "U")	1000 Brickell Ave.	<input checked="" type="checkbox"/> Add
		Suite # 715 PMB 240	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
MGR	Daniel Valencia	1000 Brickell Ave.	<input type="checkbox"/> Add
		Suite # 715 PMB 240	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AMBR	Daniel Valencia	1000 Brickell Ave.	<input checked="" type="checkbox"/> Add
		Suite # 715 PMB 240	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

* PLEASE, JUST ADD LETTER "U" in ALFREDO
ANUAPARA'S LAST NAME.

Thank you!

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CLERK OF STATE
TALLAHASSEE, FL

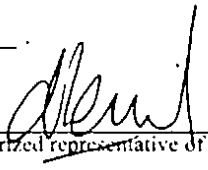
E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the 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 record is filed.

Dated November 15th . 2021 .


Signature of a member or authorized representative of a member

Daniel Valencia

Typed or printed name of signee

Filing Fee: \$25.00