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(Red	questor's Name)	, , , ,
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123 SEP -7 PH 4: 33
SECRETARY OF STATE

COVER LETTER

		` . ,	**
	KY CAPITAL LLC		
SUBJECT:	Name of Lin	nited Liability Company	-
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Joel M. Appiah		
		Name of Person	
	RISING SKY CAPITAL	LLC	
	·	Firm/Company	
	RISING SKY CAPITAL LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Joef M. Appiah		
	 	Address	
	MIAMI, FLORIDA 3313	I	
		City/State and Zip Code	203
	thejoelappiah@gmail.com		73 SI
For further information c		·	2023 SEP -7 PH 4: 33 SECRETARY OF SHATE TALLAHASSEE, FL
Joel M. Appiah	<i></i>		PH L
Name o	of Person		iber The 33
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy Certif (additional copy is enclosed) Certif	ficate of Status & fied Copy
-			
Tallahassee, 1	FL 32314		e 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RISING SKY CAPITAL LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on ^{08/16/2021}	and assigned
Florida document number 1.21000366203		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the apperviation "L.L.C."
Enter new principal offices address, if applicable:	1000 BRICKEL AVE STE 715	CRE CRE
Principal office address MUST BE A STREET ADDRESS)	PMB 1445	25
	MIAMI, FL 33131	700 -0 71
		The F
Enter new mailing address, if applicable:	1000 BRICKEL AVE STE 715	$\mathbb{R}^{\frac{n}{2}}$ $\overset{\cdot \cdot \cdot}{\omega}$
Mailing address MAY BE A POST OFFICE BOX)	PMB 1445	
	MIAMI, FL 33131	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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
AMBR	Pamela Q. Buraschi	14261 SW 182nd Ter	■ Add
		Miami, FL 33177	
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			□Add
			□Remove
			□Change
			S □Add
			SECREII
			Change
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			□Remove
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an effectiv lote: If th	date, if other that we date is listed, the date inserted in 's effective date on	late must be specifi this block does	ic and cannot be p not meet the ap	plicable statutor	g or more than 90 da y filing requiremen	(optional) ys after filing.) ats, this date v	Pursuant to 60 vill not be lis	5.0207 ted as
record sp Lis filed.	occifies a delayed e	ffective date, bu	t not an effectiv	⁄e time, at 12:01	a.m. on the earlie	of: (b) The	90th day afte	er the
ated Aug	gust 30th		2023	·				