31000366203

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FEB 07 2025 D CUSHING

COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	Risina Sky (Capital UC	
	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Joel M Appian Name of Person	
		Firm/Company	
	1900 N Baysy	nove Dr Apt 2510 Address	
	Mia	.mi. FL 33132 City/State and Zip Code	
		elappian Damail.com to be used for future annual report no	,
For further information	concerning this matter, please c	all:	
JOEL M Name	Appian of Person	at (756) 445 Area Code Dayti	- 2440 me Telephone Number &
Enclosed is a check for	the following amount:		
S≥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro	Section	Street Address: Registration S	
Division of 0 P.O. Box 63	Corporations 27	Division of Co The Centre of	
Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rising Sky	Capital UC	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on <u>の名かわっ</u>	old and assigned
Florida document number <u>L21000366703</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name most be distinguishable and contain the words "Lit	mited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		7 22
Enter new mailing address, if applicable:		<u>- </u>
(Mailing address MAY BE A POST OFFICE BOX)		. ,
		<u>.</u> , .
B. If amending the registered agent and/or registere		r the name of the new register
agent and/or the new registered office address here:		9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
	F	Torida
	Cuy	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	t, 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
<u>MGR</u>	Nafcom Technology UC	6339 Charlotte Pike #986 Nashville, TN 33131	
			ZRemove
		□ Change	
AMBR Parnela O Buraschi	Pamela O Buraschi	14761 SW 182 Terr Miami, FL 33177	
			⊠Remove
		□Change	
			□Add
		□Remove	
		□Change	
		□ Add	
			□Remove
		□ Change	
		□Add	
		□Remove	
	-	□ Change	
		□Add	
		□Remove	
			□ Change

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an eff Note:	ive date, if other than the date of filing:
he record ord is fil	d 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 led.
Dated	December 19 2024
	Signature of a member or authorized representative of a member
	Typed or printed name of signce