## L2/1000 391772

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
ed Copies	Certificates of Status
··cial Instructions	to Filing Officer:
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## **COVER LETTER**

	Registration Se Division of Cor			
CUBIEC	Smart Swap	-		
SUBJEC	1:	Name of Lim	ited Liability Company	·
		Amendment and fee(s) are sub		
Please ret	turn all correspo	indence concerning this matter	to the following:	
		Douglas Harrison		
			Name of Person	<del></del>
		The Rise Club LLC		
			Firm/Company	· <del>-</del>
		5420 Lago Maggio Street		
			Address	· <del>-</del>
		Sarasota, FL 34238		
			City/State and Zip Code	
		julie@smartswapping.com;	julie@theriseclub.com to be used for future annual report not	(fication)
For further	er information co	oncerning this matter, please c		
Julic Wal		5 ,	203 9849044 at ( )	
	Name of	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
] ] !	Mailing Address Registration S Division of Co P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee De Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 FEB 28 AM 8: 21

Smart Swapping LLC		C.T. Artim
(Name of the Limited Liability (A Florida	y Company as it now appears on our reco Limited Liability Company)	MATE ALLIA LINES TE, PL
The Articles of Organization for this Limited Liability Co	ompany were filed on 9/1/2021	and assigned
Florida document number L21000391772	<b></b> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The Rise Club LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, <u>ent</u>	er the name of the new registered
New Registered Office Address:	Enter Florida street ada	
	Lines I fortua Sireet dad	(ress
	,	Florida
Van Basia and American description	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ago being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, ent as provided for in Chapter 60	and I am familiar with and
	If Changing Registered Agent, Signatu	re 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:

•	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
<u> </u>			
			©Change
			Ochange
			□Add
			□Remove

document's effective date on the Department of State's records.	·	
fan 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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  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 dis filed.  Signature of a member of authorized repplacentative of a member		
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Filing Fee: \$25.00