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(Address)
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(Document Number)
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2022 HAR -8 AM 7: 38

A. BUTLER MAR 2 1 2022

COVER LETTER

	ation Section n of Corporations				
SUBJECT:	Raising	Capita Name of Limite	d Ciability Company		
The enclosed Art	ticles of Amendment and	I fee(s) are subm	itted for filing.		
Please return all	correspondence concern	ing this matter to	the following:		
		Joseph	L Abraham Name of Person		
			Firm/Company		
		234 1	V Lommerce Address	Ave	
			19, FL 3387 City/State and Zip Code		
		i-mail address: (to	be used for future annual repo	rt notification)	
For further infor	mation concerning this n	iatter, please call	1:		
Joseph	L Abraham Name of Person		at (<u>957</u>) <u>49</u> Area Code	38-708 Daytime Felepho	ne Number
Enclosed is a che	rck for the following am	ount:	/		
□ \$25.00 Filin		ling Fee & ale of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>z Address:</u> ration Section		<u>Street Addre</u> Registratio	<u>ess:</u> n Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Raisin	g Capital, LLC	2022 HAR -8 AM 7: 38
(Name of the Limited)	Ability Company as it now appears (Florida Limited Liability Company)	TALLAHASSEE TATE
The Articles of Organization for this Limited Liabi Florida document number <u>L2200003</u>		18/2022 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here	:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET :	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered affice address h	stered office address on our reco ere:	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	i street address
-	City	, Florida 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>	Name	Address	Type of Action
AMBR	Joseph L Abraham	234 N Commerce AVE	2 □Add
currently i	MGR)	234 N Commerce AVE Sebring, FL 33870	□Remove
			□Add
			□Remove
			□Change
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			□Remove
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an effe <u>iote:</u> []	re date, if other than the date of filing:
Lis tile	
ated _	March 4 2022 Signature of a member or authorized representative of a member TOSPOR (Abraham
	Signature of a member of authorized representative of a member Toseph (Abraham Typed or printed name of signee