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M. SOLOMON

## **COVER LETTER**

TO: Registration So Division of Cor					
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SUBJECT: Raising Ca		ited Liability Company			
	Name of Dam	нев главину Сонрану			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Joseph C Abraham				
		Name of Person			
	Raising Capital, LLC	Firm/Company			
	234 N Commerce Ave			. ~	
		Address		2022 A	,
	Sebring, FL 33870			APR 25	<u></u>
		City/State and Zip Code		5 PH	n
	E-mail address: (6	o be used for future annual report notif	ication)		
For further information co	oncerning this matter, please ca	II:		ii 03	
Joseph C Abraham		at (857 ) 4887086			
Name of	f Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co	of Status & py	
Musilia - Audala		0			

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Raising Capital, LLC				
(A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on January, 18, 2022	anc	l assign	ied
Florida document number <u>1.22000034901</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation	ı "L.L.C	<del></del>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		<u>-</u>	~9	-
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Enter new mailing address, if applicable:		7,2	ro Gi	177
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(Mailing address MAY BE A POST OFFICE BOX)				
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, <u>enter the na</u>	me of the	new re	gisterec
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zin Co	иle	

## 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
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	Betoffe	Sebring, FL 33870	□Remove
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in effective date is li ote: If the date in	other than the date isted, the date must be sp iserted in this block d	pecific and cannot t loes not meet the	be prior to date o applicable stat	f filing or more th autory filing req	(option an 90 days after fil airements, this d	ar) ing.) Pursuant : ate will not b	to 605.020 e listed <b>a</b>
ocument's effectiv	ve date on the Departi	nent of State's re	ecords.				
ecord specifies a is filed.	delayed effective date	e, but not an effe	ctive time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day	y after the
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ited April, 18		/ _ , 2022					
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