

L22 0000 69526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

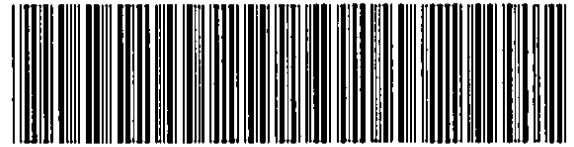
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CLERK OF STATE
TALLAHASSEE, FL

2022 MAY 27 PM 10:05

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRIVER RISE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATVIENKO Vitalii
Name of Person

STRIVER RISE, LLC
Firm/Company

2767 Horseshoe Ct.
Address

SARASOTA, FL 34235-1835
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATVIENKO Vitalii at (941) 4083684
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

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

FILED

2022 MAY 27 PM 10:05

STATE DEPT OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARLON LAWES	226-01 141ST AVE	<input type="checkbox"/> Add
		SPRINGFIELD GARDENS, NY	<input checked="" type="checkbox"/> Remove
		11413 US	<input type="checkbox"/> Change
AMBR	VITALII MATVIENKO	2767 HORSESHOE CT.	<input type="checkbox"/> Add
		SARASOTA FL 34235-1835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	OLEKSANDRA CHORNA	2767 HORSESHOE CT.	<input type="checkbox"/> Add
		SARASOTA FL 34235-1835	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an 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 (3)(b)

If 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 record is filed.

5/21/2022


Signature of a member or

Signature of a member or authorized representative of a member

Vitalii Matvienko

Typed or printed name of signee