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C/ 9/23/2022

## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section of Corp.			
SUBJECT: PODNE	T MASON EL BEY E Name of Limit	K PESS TRUST ENTER ted Liability Company	RISELLC
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	RODNET A	Name of Person	RESS TRUST
	1/		í!
		Firm/Company	
	2834 Si	W 179 TERR	
	MIRAMOR	R FL. 33715	21
	MA SON (10) M E-mail address: (1	wish had bond so co	ification)
For further information co	ncerning this matter, please ca		
MASON Name of	, INGRID Person	at (9:4) 470 1 Area Code Daytin	176 ne Telephone Number
Enclosed is a check for the	e following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address Registration S		Street Address: Registration Se	ection
Division of Co		Division of Co	prporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 ST 23 P" I

PODNET MASONEL BEY FY. (Name of the Limited Liability Compan (A Florida Limited L	RRISS TRUST ENTERPRISE LLC v as it now appears on our records.) inbility Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>し-22000 33 代り36</u> .	were filed on $\frac{0.7   \sigma }{ \sigma } \frac{2\sigma 2\sigma}{ \sigma }$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
NIA	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N M
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NIF
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	N P
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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>	<u>Name</u>	Address	Type of Action
AMBC-	AUSTRAL, ABLANET	2834 Su) 179th Strot	
		MIRAMAR, FL 33029	BRemove
			□Change
			□Add
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f an ef Note:	live date, if other than the date of filing: 69 92 2022 (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e record	
	20 8 2 40 1000 2002
Dated	as september.
Dated	23 September 2022
Dated	Signature of a member of authorized representative of a member

Filing Fee: \$25.00