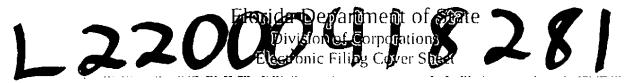
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003571573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

**Enter	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
an	nual	repor	t mailin	qs.	Enter	only	one	email	add	ress	ple	ase.	± ±



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CCK LOVE-LIGHT-MIRACLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 1 2 2023

Electronic Filing Menu — Corporate Filing Menu

Help

10/11/2023 13:36:30 PDT

To: 18506176383

Page: 2/4

From Registered Agents Inc.

Fax: 2083295246

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCK LOVE-LIGHT-MIRACLES LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our re a Limited Liability Company)	ecor <u>ds.</u>)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L22000418281	······	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
I-Rise Beyond LLC		
The new name must be distinguishable and contain the words "Lim	nted Liability Company," the designation	"LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	123
		:/ · _)
Enter new mailing address, if applicable:		7.2
(Mailing address MAY BE A POST OFFICE BOX)	white or the desired state of the state of t	٥
		(2)
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sweet a	uldress
		, 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 daties, 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.

10/11/2023 13:36:30-PDT

To: 18506176383

Page, 3/4

From Registered Agents Inc.

Fax: 2083295246

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>	Type of Action
			□Add
			©Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	DChange
			🗀 Add
			□Remove
			[]Change
			□Add
			URemove
			□Add
			□Remove
			□Change

0/11/2023 13/36/30 PDT	To 18506176383	Page: 4/4	From: Registered Agents Inc	Fax: 2083295246
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If amending any other informati			·	
				
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Effective date, if other than the difference date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	k does not meet the appli	cable statutory filing	(option ore than 90 days after fi g requirements, this d	ial) ling.) Pursuant to 605,0207 late will not be listed as
ne record specifies a delayed effective ord is filed.	date, but not an effective	ыне, at 12:01 a.m. с	on the earlier of; (b)	The 90th day after the
Dated October 11	. 2023	 ·		
s	ignature of a member or and	OVIII (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	of a member	
	N.	at Smith		