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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (855)330-1010

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RISE AND CONQUER LLC

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A. LUNT

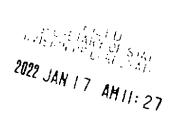
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1/1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Rise and Conquer LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number L23000007442	were filed on 01/03/	23	_ 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:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation	on "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			11.8
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records.	enter the name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	address	-
·	Ciw	Florida	n. 25. 1.
New Registered Agent's Signature, if changing Registered Agent:	Cit		<i>ър</i> Соас
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dut ovided for in Chapter	ies, and Lam fami. 605, F.S. Or, if th	liar with and iis document is

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
AMBR	HINES, CHANELLE	7901 4TH ST N STE 300	:DAdd
		ST. PETERSBURG, FL 33702	X (Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			🗆 🗆 🖂 dd
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			□Remove
			□ Change

ame min	ng any other information	, enter change(s) here	: (Attach additional s	heets, if necessary.) 21	122 JAN 17 AM
					- JAN 17 AM
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ective d	ate, if other than the date	of filing		tontional	
effective <u>te:</u> If the	date is listed, the date must be specified in this block defective date on the Department	secific and cannot be prior to oes not meet the applicab	date of filing or more than de statutory filing requi	(optional) n 90 days after filing.) Pur- irements, this date will	uant to 605,0207 (3)(b) not be listed as the
cord spe s filed.	cifies a delayed effective date	:. but not an effective tim	e, at 12:01 a.m. on the	earlier of. (b) The 90t	h day after the
ed	January 17		. •		
		, V. Y.			
_	Signa	ture of a member or authori	zed representative of a me	:mber	

Filing Fee: \$25.00