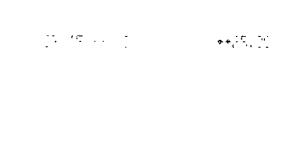
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COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT:	21S (O TransMission LLC Name of Limited Liability Company
The enclosed Articles of Amer	ndment and fee(s) are submitted for filing.
Please return all corresponden	ce concerning this matter to the following:
_	Dayan Risco Name of Person
_	Risco Transmission LLC
· _	2361 NW 107th St
_	City/State and Zip Code darianrisco@gmail-(om E-mail address: (to be used for future annual report notification)
For further information concer	
DAYAN Rame of Person	at (400 Mt - 1211
Enclosed is a check for the fol	lowing amount:
S25.00 Filing Fee ☐	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Secti Division of Corpo P.O. Box 6327	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Risco	Tran	Smi	ssion L	L-(-
(Name of the Limite	ed Liability Company a (A Florida Limited Liabi			
The Articles of Organization for this Limited Li. Florida document number <u>L23000</u>	ability Company wer	re filed on _	02/21/202	.3 and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability	company	here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability (Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
	_			
				 (J1
Enter new mailing address, if applicable:	_			<u></u>
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			<u> </u>
	_			<u> </u>
B. K. B. d. L. A. V.				1.1
B. If amending the registered agent and/or reagent and/or the new registered office addres		ress on our	records, <u>enter the na</u>	me of the new registered
			.	
Name of New Registered Agent:	- Lay	<u> </u>	<u> Lisco</u>	
New Registered Office Address:	2361	NW	107th S	-
		Enter F	lorida street address	 1
	Miami		Florida	33167

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.

City

Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

AMBR Dayon RISCO 2361 NW 1075+ MIAMI Fl 33167 Remove Change Change	ction
Miami Fl 33167 Remove Change Add	
	e
	:
□Change	e
	:
	,
	e
Change 59	:
□Remove	e
Change	:
Remove	e
DChange	:
Remove	

. If ame <i>ð</i>	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
3	
-	All Information Stay the
=	Made is adding Authorized
-	Member Dayan Risco.
_	
<u>-</u>	
-	
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_	
_	
(If an eff Note:	ve date, if other than the date of filing: 02/21/2023 (optional) extive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	I 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 ed.
	1 1
	Signature of a member of a member Typed or printed name of signee
	Dayan Risco
	Typed or printed name of signee