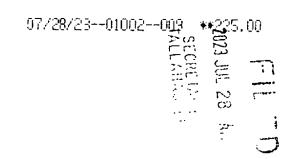
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

ŤΟ:	Registration Se Division of Cor			
e110 1174	RISING SU	JN CENTRAL FLORIDA	LC.	
SUBJEC	_1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		JACK MARTIN		
		·····	Name of Person	
		RISING SUN CENTRAL	FLORIDA LLC.	
			Firm/Company	
		9 HEMLOCK PLACE		
			Address	.
		OCALA, FLORIDA 3447	2	
			City/State and Zip Code	
		RISINGSCF@GMAIL.CO		(Constant)
r. 6 "I			to be used for future annual report not	meation)
		oncerning this matter, please c	an;	
JACK M	IARTIN		352 322-5389 at ()	
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for t	he 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	Section	<u>Street Address:</u> Registration Se	
	Division of C	•	Division of Cor The Centre of 1	•
	P.O. Box 633 Tallahassee,			rananassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



RISING SUN CENTRAL FLORIDA 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 Compa	ny were filed on MARCH 20, 2023	and assigned
Florida document number 1.23000140622		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the	abbreviation "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)		
B. If amending the registered agent and/or registered offic	e address on our records, enter the na	ıme of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Diamid.	
	, Florida,	Zip Code

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>	Name	Address	Type of Action
MGR	SHANNON JOHNSTON	9 HEMLOCK PLACE	□Add
		OCALA FLORIDA 34472	Remove
		.	Change
			□Add
			Remove
		·	□Change
			□Remove
			□Change
			□Add
			□Remove
		 ,	□Change
			□Add
			□Remove
			Change
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			□Remove

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ffective date, if other than an effective date is listed, the date. If the date inserted in the document's effective date on the date.	e must be specific an his block does not	ed cannot be prior to meet the applicab			g.) Pursuant to 605.0207
			n at 12:01 a m an	he earlier of: (b) 1	The 90th day after the
	fective date, but no	ot an effective time	e, at 12.01 a.m. on		ine your day oner the
record specifies a delayed ef d is filed. JULY 28	fective date, but no	2023	e, at 12.01 a.m. on		no som any anor an
d is filed.		$\frac{2023}{202}$	zed representative of		

Filing Fee: \$25.00