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2023 DEC 14 AM II: 29

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rise Realty Advisors 116 Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Desek Ratiff Name of Person
Rise Realty Advisors, LLC
216 Caribbean Place
Saint Johns FL 32259 City/Stale and Zip Code derek. ratiff OR is Really Avisors.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Derek Rahiff Name of Person at (386) 438.9355 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee & S30.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rise Kea	Ity Advisors, LLC	
(<u>Name of the Limite</u> (d Liability Company as it now appears or A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on	24/2023 and assigned
Florida document number <u>L 23000201<i>60</i></u>		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	<u> </u>
(Principal office address MUST BE A STREE)	ADDRESS)	-7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	~ ,	rds, enter the name of the new registered
	5 - 1/ P.11/C	
Name of New Registered Agent:	Derek Ratiff	
New Registered Office Address:	210 Caribbean Place Emer Florida Saint Johns,	street address
	Saint Johns,	Florida 33359 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
MGR_	Derek Rathiff	210 Can'bbean Place	Add
		Saint Johns, FL 32259	≅Remove
			C hange
MOR	Ronald H. Rattiff	14859 SE County Road 137	■Add
		Jasper, FL 32052	Remove
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ote: If the da	if other than the da is listed, the date must be te inserted in this block ective date on the Depa	c does not meet th	ie applicable stati	tiling or more than atory filing requir	(optional) 90 days after filing, rements, this date) Pursuant to 605.0207 will not be listed as
ecord specifi is filed.	es a delayed effective d	ate, but not an eff	fective time, at 17	2:01 a.m. on the c	arlier of: (b) Th	e 90th day after the
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Filing Fee: \$25.00