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Division of Corporations

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From:

Account Name : IDEAS CARVAJAL LLC

Account Number : 120220000005

: (321)333-5565

Fax Number : (407)520-5473

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	9823 JUN 19	DEPAR MENT OF S DIVISION OF CORPOR TALLA ASSEE. FL

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

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COVER LETTER

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•	RISELAND	LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	Division of Corporations RISELAND LLC 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: OSWALDO RODRIGUEZ Name of Person RISELAND LLC Firm/Company 1415 HIGH GROVE WAY Address ORLANDO, FL 32818 City/State and Zip Code E-mell address: (to be used for future annual report notification) for further information concerning this matter, please call: DSWALDO RODRIGUEZ Name of Person 4074 P23-3178 Area Code Daytime Telephone Number S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificat copy is enclosed)			
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		AND LLC Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: OSWALDO RODRIGUEZ Name of Person RISELAND LLC Firm/Company 1415 HIGH GROVE WAY Address ORLANDO, FL 32818 City/State and Zip Code E-mail address: (to be used for future annual report notification) on concerning this matter, please call: IGUEZ at (4074 923-3178 Area Code Daytime Telephone Number for the following amount: se S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate copy is enclosed) Gressi Street Address: Registration Section Division of Corporations		
			Name of Person	
		RISELAND LLC		
			Firm/Company	
		1415 HIGH GROVE WA	Y	
			Address	
		ORLANDO, FL 32818		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	leation)
Por furthe	er information co	oncerning this matter, please c	all:	
OSWAL	DO RODRIGUI	EZ		
	Namo of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$ 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Ì	Mailing Address Registration S	Section		etion
	Division of Co P.O. Box 632		Division of Corp	porations
	P.O. Box 632 Tallahassee, F			ananassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RISELAND LLC				
(Name of the Limited Liability C (A Fiorida Lim	ompany as it new appears on our rec alted Lisbility Company)	ords.)		
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/16/2023	and assigned		
Florida document number L23000241220				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	(2)			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		* *		
		·		
B. If amending the registered agent and/or registered of	fice address on our records, en	ter the name of the new register		
gent and/or the new registered office address here:		9		
		7		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
	Enter Florida street address			
		Florida		
	City	Zip Code		
New Registered Agent's Signature, If changing Registered Ag	<u>tonti</u>			

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
AMBR	LAURA OCHOA RESTREPO	1415 HIGH GROVE WAY	= Add
		ORLANDO, FL 32818	□Remove
			□Chánge
	· · · · · · · · · · · · · · · · · · ·		□ Add
			□Remove
			□Change
			□Add
			□Remove
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			🗀 Add
			□Remove
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			□Remove
			Change

it amending	any other in	oformation, e	nter chan	ge(s) here:	(Attach ada	liional shee	ts, if neces.	sary.)	
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record specified.	les a delayed	effective date, i	but not an c	ffective tim	e, at 12:01 a.r	n. on the ear	ller of: (b)	The 90th day	after the
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