L23000258605

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration : Division of Co | | | | |
|--------------------------------------|---|---|-------------------|----------------------------|
| ARISE & | BUILD GLOBAL | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | of Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all corresp | pondence concerning this matter | to the following: | | |
| | MICHELLE ARCE | | | |
| | | Name of Person | | - |
| | | Firm/Company | | _ |
| | 10378 SW 224TH TERRA | CE | | |
| | | Address | <u>-</u> | _ |
| | CUTLER BAY, FL 33190 | | | |
| | MICHELLE.ARCE90@YA | City/State and Zip Code HOO.COM | | |
| | E-mail address: (| to be used for future annual report noti | fication) | U |
| For further information | concerning this matter, please c | all: | | PI |
| MICHELLE ARCE | | 305 998-8412 | | 21718 21718 45.1 114 |
| Name | e of Person | at () Area Code Daytim | e Telephone Numbe | |
| Enclosed is a check for | r the following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifie | ate of Status & |
| | | | | |

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

| ARISE & BUILD GLOBAL | | |
|---|---|----------------------------------|
| (<u>Name of the Limited Liabil</u> (A Florid | ity Company as it now appears on our reco a Limited Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability (Florida document number L23000258605 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "Ll | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | N N |
| Enter new mailing address, if applicable: | | 100 T |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | | er the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addi | ress |
| | ,] | Florida |
| | Ciry | 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 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 | ERIKA BALTAZAR | 10378 SW 224TH TERRACE, CUTTLER BAY, FL 33190 | = Add |
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| ctive date, if other than th | e date of filing: | (| (optional) |
| effective date is listed, the date mo | ust be specific and cannot be prior to | date of filing or more than 90 days | 's after filing.) Pursuant to 605.02 |
| <u>e:</u> If the date inserted in this turnent's effective date on the l | block does not meet the applicat Department of State's records. | he statutory ining requirement | is, this date will not be listed |
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| cord specifies a delayed effecti : filed. | ive date, but not an effective tim | ic, at 12.01 a.m. on the earner | or. (b) The sour day after th |
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| ed | Signature of a member or author | ized representative of a member | PH 1: |