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COVER LETTER

Tallahassee, FL 32314

TO: Registratio Division of	n Section Corporations		
RISE70	09 LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	LUIS R. SMITH		
	,	Name of Person	
	TAXES USA LLC		
		Firm/Company	
	5892 STIRLING RD # 4		
		Address	
	HOLLYWOOD, FL 3302	1	
	INFO@TAXESUSAMIAN E-mail address: (City/State and Zip Code 11.COM (to be used for future annual report n	otification)
For further information	on concerning this matter, please c	all:	
LUIS R. SMITH		305 470-2429	
Nar	ne of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for	or the 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 Add		Street Address:	· · · · · · · · · · · · · · · · · · ·
Registration Division o	on Section f Corporations	Registration S Division of C	
P.O. Box 6		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chis 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 "LLC" or the abbreviation, "L.C. Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	RISE/09 LLC	
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 "LLC" or the abbreviation, "L.L 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
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 "LLC" or the abbreviation, "LLC" are the abbreviation, are the abbreviation, are the abbreviation are the abbreviation, are the abbreviation ar		pany were filed on 04/03/2024 and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 office address on our records, enter the name of the new agent and/or the new registered office address here:		
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> agent and/or the new registered office address here:	Enter new mailing address, if applicable:	
gent and/or the new registered office address here:	Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here:		
Name of New Registered Agent:		fice address on our records, enter the name of the new reg
	Name of New Registered Agent:	
New Registered Office Address:	New Registered Office Address:	······································
Enter Florida street address		Enter Florida street address
, Florida, Zin Code		

New Registered Agent's Signature, if changing Registered Agent:

DICEROOLLO

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	BARBARA CASTELLANOS	88 SW 7TH STREET APT 2112	≣Add
		MIAMI, FL 33130	□Remove
			□Change
			□Add
			
			□Change
			□Add
			Remove
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Effective date, if other than the da	e specific and cannot be prior	able statutory filing rec	(optional) nan 90 days after filing.) Purs nuirements, this date will	suant to 605.0207 (not be listed as t
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