## 12400094287

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## **COVER LETTER**

Registration Section

TO:

Division of C	orporations		
RISE UF	MARIPOSAS LLC		
SUBJECT:	Name of Lin	nited Liability Company	ì.
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
	PAOLA MARCELA CAF	RDENAS	
		Name of Person	
	RISE UP MARIPOSAS I	LLC	
		Firm/Company	
	7345 W SAND LAKE RI	D SUITE 215	
	Address		
	ORLANDO FL 32819		
		City/State and Zip Code	
	PAO@RISEUPMARIPOS		
	E-mail address: (	(to be used for future annual report notification)	
For further information	concerning this matter, please of	call:	
PAOLA MARCELA C	CARDENAS	202 262-6408 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	estrør s
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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 UP MARIPOSAS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Florida document number 1.24000094287	Liability Company	were filed on (12-22-2	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, <u>enter the new name</u>	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ution "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7345 W SAND LAKE RD SUITE215 ORLANDO FL 32819		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	7345 W SAND LAKE	RD SUITE 215 ORLANDO FL 32819	
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	address on our record	ls, enter the name of the new registe	
name of new Kegistered Agent:				
Name of New Registered Agent:	7345 W SANI	LAKE RD 215		
Name of New Registered Agent:  New Registered Office Address:	7345 W SANI	Enter Florida st	reet address	
	7345 W SAND	Enter Florida st		
		Enter Florida st	. Florida 32819 Zip Code	

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
AMBR	PAOLA MARCELA CARDENAS	302 BRUNELO DR DAVENPORT FL 33897	<b>=</b> Add
			□Remove
			□Add
			□Remove
			Change
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		<del></del>	🗖 Remove
			□ Change
			□Add
			🖸 Remove
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ote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the appli	cable statutory filing requi			
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on the c	earlier of: (b) The	90th day after	the
•					
09-07-2024 ated	FLORIDA	<u>.                                    </u>		13	•
	11/1	614			
	Maral Mann	Wy.lfk horized representative of a me			

Typed or printed name of signee