## LZ4000328743

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, 2024 D/CC -3 | F/F 6: F/C

JAN 14 S. PRATHER

## **COVER LETTER**

	ision of Cor					
SUBJECT:	Rising Figs LLC  T:  Name of Limited Liability Company					
SOBJECT.						
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Banessa Alvarez				
			Name of Person			
		Swyft Filings				
Firm/Company						
3 Greenway Plaza #1320						
Address						
		Houston, TX 77046				
			City/State and Zip Code	<del></del> -		
		filings@swyftfilings.com				
r c .1 .	c .:		to be used for future annual report of	otification)		
For further i	nformation c	oncerning this matter, please c				
Banessa A	Ivarez		877 7770450 at ()			
	Name o	f Person	at () Area Code Day	time Telephone Number		
Enclosed is	a check for th	ne 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)		
	uiling Addres		Street Address:			
Registration Section Division of Corporations				Registration Section Division of Corporations		
P.0	O. Box 632	.7	The Centre o			
Ta	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lity Company as it now appears on our record da Limited Liability Company)	<u>s.</u> )
Company were filed on 07/24/2024	and assigned
·	င်၁
nited liability company here:	
mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
RESS)	
	<u> </u>
ed office address on our records, <u>enter</u>	the name of the new regist
Enter Florida street addres	
, Flo	orida Zip Code
<u>r</u>	Company were filed on 07/24/2024

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
AMBR	Ocean Shain	1601-1 N MAIN ST #3159	<b></b> Ađd
		JACKSONVILLE, FL 32206	□Remove
			□Change
AMBR	Alyssa Perez	1601-1 N MAIN ST #3159	<b>=</b> Add
		JACKSONVILLE. FL 32206	□Remove
			Change
			□Add
			□Remove
			□Add
		<del> </del>	□Remove
			□Change
			Remove
			□Change
			□Remove
			□ Change

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Long Figures		<u>-</u>
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Filing Fee: \$25.00