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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALVAREZ SAMBOL WINTHROP & MADSON P.A.
Account Number : I20030000104
Phone : (407)210-2796
Fax Number : (407)210-2795

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: DFABRIZIO@RISKTRANSFER.COM

LLC AMND/RESTATE/CORRECT OR MMG RESIGN
CENTERVILLE RISK, LLC

RECEIVED
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
13 AUG 12 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CENTERVILLE RISK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/2011 and assigned
Florida document number L11000099494

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 registered agent and/or the new registered office address here:

Name of New Registered Agent: DINO FABRIZIO
New Registered Office Address: 219 EAST LIVINGSTON STREET
Enter Florida street address
ORLANDO Florida 32801
City 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	P. RAUL ALVAREZ	P.O. BOX 3511	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32802-3511	<input type="checkbox"/> Remove
MGR	DAVID SCHWARTZ	189 S. ORANGE AVE. STE 850	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 29th 2013.



Signature of a member or authorized representative of a member

Dino Fabrizio

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00