

L11000100640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

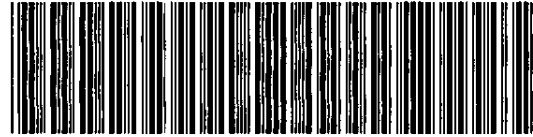
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

OCT - 4 2011

EXAMINER



Alvarez, Sambol & Winthrop, P.A.

September 28, 2011

Raymond L. Schumann, Esquire
Senior Counsel
Board Certified Real Estate Law
rschumann@aswpa.com

Divisions of Corporations
Registration Section
P.O Box 6327
Tallahassee, Florida 32314

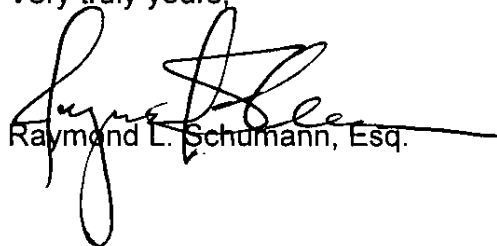
**RE: Waquaquet Risk, LLC-Amendment
Document No.: L11000100640**

To Whom it may concern:

Please find enclosed our Client's Amendment and state filing fee of \$25.00. Once the enclosed Amendment has been filed please forward a filed stamped copy in the enclosed self-addressed envelope.

If you have any questions or I can be of any further assistance please do not hesitate to contact me directly or my assistant Trisa Mena at (407)210-2796 Ext 250.

Very truly yours,



Raymond L. Schumann, Esq.

RLS/trm
Enclosures as stated

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ORLANDO ■ MIAMI ■ NEW YORK

100 S. ORANGE AVENUE, ORLANDO, FL 32801
PHONE: 407-210-2796 ■ FAX: 407-210-2795
WWW.ASWPA.COM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Waquaquet Risk, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Schwartz
Name of Person
Firm/Company
202 Lochinvar Dr
Address
Fern Park, Florida 32730
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Trisa Mena at (407) 210-2796 Ext 250
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 & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Waquaquet 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 9/1/11 and assigned Florida document number L11000100640.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Wequaquet Risk, LLC

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

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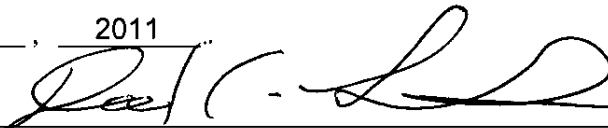
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<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 September, 2011



Signature of a member or authorized representative of a member

David Schwartz

Typed or printed name of signee

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