

# L20000251167

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : RIVEROS CORP.  
Account Number : 120190000048  
Phone : (305)507-8464  
Fax Number : (786)516-2206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RISK INSIGHT LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

MAY 17 2021

M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RISK INSIGHT 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:

ZULMA E BOURELLY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

710 CUMBERLAND TERRACE

\_\_\_\_\_  
Address

DAVIE, FL 33325

\_\_\_\_\_  
City/State and Zip Code

CEO@RIVEROSCORP.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZULMA BOURELLY

786

4395138

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 &  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CLERK OF STATE  
TALLAHASSEE, FL 32304

2021 MAY 14 AM 10:00

FILED

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

RISK INSIGHT 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 08/24/2020 and assigned  
Florida document number 12(XXX)251167.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

710 CUMBERLAND TERRACE

DAVIE, FL 33325

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

710 CUMBERLAND TERRACE

DAVIE, FL 33325

**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 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>     | <u>Address</u>         | <u>Type of Action</u>                      |
|--------------|-----------------|------------------------|--|
| AMBR         | BOURELLY, PAOLO | 710 CUMBERLAND TERRACE | <input type="checkbox"/> Add               |
|              |                 | DAVIE, FL 33325        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input checked="" type="checkbox"/> Change |
| AMBR         | BOURELLY, ZULMA | 710 CUMBERLAND TERRACE | <input type="checkbox"/> Add               |
|              |                 | DAVIE, FL 33325        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input checked="" type="checkbox"/> Change |
|              |                 |                        | <input type="checkbox"/> Add               |
|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |
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|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |

2021 MAY 14 AM 10:00  
CLERK OF DISTRICT COURT  
DAVIE, FL 33325

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRET OF STATE  
CLASSIFIED

2021 MAY 14 AM 10:00

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**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(h)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 12

2021

Signature of a member or authorized representative of a member

ZULMA BOURIELLY

Typed or printed name of signee