123000064100

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO:

TO: Registration Division of C	Section Corporations	•		
RISK M	ITIGATION SPECIALISTS, LL	ά,		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing		
	spondence concerning this matter	-		
riedse rettimmi corre.	spondence concerning this maner	to the following.		
	DEVIN MONE			
		Name of Person		
	RISK MITIGATION SPE	CIALISTS, LLC		
Fun/Company				
	415 E PINE ST #1018	, .		
		Address		
		riditess		
	ORLANDO, 11, 32801			
	DMONEPA@GMAIL.CO	City/State and Zip Code		
		to be used for future annual report not	rlication)	
For further information	reorderning this matter, please c	all:		
DEVIN MONE-CEO		631 433-4408		
		at ()		
Name	e of Person	Area Code Daytin	ie 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		

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

RISK MITIGATION SPECIALISTS, 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 $\frac{02.03}{2023}$ and assigned Florida document number 1.23000064100 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 "LLC." 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

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.

Cin

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>	Type of Action
MGR	THEODORE MELNICK	242 DEVOEST LA	□ Add
		BROOKLYN, NY 11211	≡Remove
			□Change
			□Add
			□ □Remove
			□Clringe
			□ Add
			⊒Remove
			□Change
			□Remove
			□Change
			①Add
			ПРеточе
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee

DEVIN MONE CEO