oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUAN MUNOZ

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED MEMBER

06/29/2020

Name and Address of Current Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK C. SIMONE, ESQ.

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

DOCUMENT# L14000192941

8201 SW 139 TERRACE PALMETTO BAY, FL 33158

Current Mailing Address: 8201 SW 139 TERRACE

FEI Number: 47-2589518

FRANK SIMONE, P.A. 701 BRICKELL AVENUE

SUITE 1550

PALMETTO BAY, FL 33158 US

Current Principal Place of Business:

Title AMBR MUNOZ. JUAN Name Address 8201 SW 139 TERRACE City-State-Zip: PALMETTO BAY FL 33158

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

MIAMI, FL 33131 US

Certificate of Status Desired: No

Date

FILED Jun 29, 2020 Secretary of State 5894107471CC

> 06/29/2020 Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: JM RISK MANAGEMENT SERVICES, LLC