L04000051959

(Re	questor's Name)							
(Address)								
(Ad	dress)							
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(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL.						
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(Do	cument Number)							
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• TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: RADIX R	ISK MANAGEMENT, LLC		
SUBJECT:		nited Liability Company)	
	f Amendment and fee(s) are submondence concerning this matter t	_	
	STEVEN W. JACOBSON	·	
•	(Na	ame of Person)	
RADI	K RISK MANAGEMENT, LLC		
	(Fi	irm/Company)	
777 BRIC	KELL AVENUE, SUITE 1370	(4)	
		(Address)	
MI	AMI, FLORIDA 33131		
	(City/S	tate and Zip Code)	
For further information	concerning this matter, please ca	d1:	
STEVEN W.	JACOBSON	at (305) 530-8	600
	(Name of Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for the	following amount:		#.
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RADIX RISK MANAGEMENT, LLC

THE

		(A Florida	(Present Na Limited Lia	me) bility Company)	l		_
FIRST:	The Articles of Organ document number LC	nization were filed 04000051959	on JULY 14	4, 2004	and as	signed	
SECOND:	The following ame liability company:	endment(s) to the	Articles o	f Organization	n was/were ad	lopted by the l	imited
OWNERSHI	P OF RADIX RISK MA	NAGEMENT, LLC	S IS COMPI	RISED OF THE	E FOLLOWING	SCHEDULE:	
JACOBSON	ENTERPRISES, INC	. 80.1%					
STEVEN W.	JACOBSON	19.9%					
Dated AUG	GUST 1	, 2009	5			10.5 113 - 3 P 3 H	,
	Sign	nature of a member	or authorized	I representative	of a member		
	STEVEN W. JACOE			·			
		Typed o	or printed na	ne of signee			

Filing Fee: \$25.00