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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Special Instructions to Fi	iling Officer:	

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COVER LETTER

	legistration Se Division of Cor			
aun iran		Management, LLC		
SUBJECT: Name of Limit			ited Liability Company	-
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	um all correspo	ondence concerning this matter	to the following:	
		Guadalupe Hernandez		
			Name of Person	
		Acrisure, LLC		
		_,	Firm/Company	·
		100 Ottawa Ave NW		
			Address	
		Grand Rapids, MI 49503		
			City/State and Zip Code	· -
		CorporateA (fairs@acrisure.		
		E-mail address: (to be used for future annual report not	tification)
For furthe	r information c	oncerning this matter, please ca	all:	
Guadalup	e Hernandez		616 265-1772	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	is a check for tl	ne following amount:		
\$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
<u> </u>	Aailing Addres	<u>s:</u>	Street Address:	
F	Registration S	Section	Registration Se	
	Division of C P.O. Box 632		Division of Co The Centre of	
	Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

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

Linq Risk Management, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12/15/2009 and assigned
lorida document number L09000119144	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liah	pility company here:
.RM Associates, LLC	•
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	2100 Ponce de Leon Boulevard, Ste. 601
Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Florida 33134
Enter new mailing address, if applicable:	2100 Ponce de Leon Boulevard, Ste. 601
Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida 33134
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
			□ Add
			□Remove
		. <u></u>	Change
		 	□Add
			□Remove
			□Remove
			☐ Change
			☐ Add
			□Remove
			Change
			☐Add
			El Remove
			□Change
			DAdd
			□Remove

Effective date, if other than the date of filing: In a clicitive date, if other than the date of filing: In a clicitive 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 (where I'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed. January 2 2023 Signature of a member or authorized representative of a member Alejandro Garcia			
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Filing Fee: \$25.00