

(Red	questor's Name)		
(Address)			
(Add	lress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only

G. MCLEOD

AUG 24 2011

EXAMINER



100211229491

08/23/11--01005--011 **25.00

COVER LETTER

Division of Co	rporations		
cupitect.	RISK PRO	OTECTION, LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	•
Please return all correspo	ondence concerning this matter	to the following:	
		G. STEPHEN IGEL	
		Name of Person	
	RIS	K PROTECTION, LLC	
		Firm/Company	***
	14100 WAI	SINGHAM ROAD, SUI	TE 36-2
		Address	
<i>~</i> -		LARGO, FL 33774	
		City/State and Zip Code	
	PPOTECT	RPG@TAMPABAY.RR	COM
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please of	call:	
0.0		707	104 7044
	TEPHEN IGEL	at (461-7611
Name (of Person	Area Code & Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
√ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ears on our records.)
ars on our records.)
3/21/2011 and assigned
ere:
pany," the designation "LLC" or the abbreviati
c-mid
ji s
- C
HO N C
-
our records, enter the name of the no
Enter Florida street address
, Florida
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** <u>Title</u> <u>Name</u> **MGRM** PARRY, CHRISTOPHER F 14100 WALSINGHAM ROAD ☐ Add ✓ Remove SUITE 36-2 LARGO_FL 33770 ☐ Add Remove ___ Add Remove Add A Remove Add ___ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member LARRY J. FEINMAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00