

#L11000099494

AUG-2-2013 03:18PM FROM-

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (650) 617-6383

From:

Account Name : ALVAREZ SAMBOL WINTHROP & MADSON  
Account Number : I20030000104  
Phone : (407) 210-2796  
Fax Number : (407) 210-2795

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: DFABRIZIO@RISKTRANSFER.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CENTERVILLE RISK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

13 AUG 12 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER

Help AUG 13 2013

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
13 AUG 12 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CENTERVILLE RISK, 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 08/30/2011 and assigned  
Florida document number L11000099494

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

DINO FABRIZIO

New Registered Office Address:

219 EAST LIVINGSTON STREET

Enter Florida street address

ORLANDO

City

Florida 32801

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	P. RAUL ALVAREZ	P.O. BOX 3511	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32802-3511	<input type="checkbox"/> Remove
MGR	DAVID SCHWARTZ	189 S. ORANGE AVE. STE 850	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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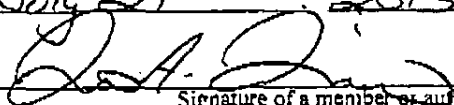
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Dated

July 29<sup>th</sup> 2013.



Signature of a member or authorized representative of a member

Dino Fabrizio

Typed or printed name of signer

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Filing Fee: \$25.00