

L11000106640

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000178922 3)))



H130001789223ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ALVAREZ SAMBOL WINTHROP & MADSON, P.A.
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: DEABRIZIO@RISKTRANSFER.COM

RECEIVED
13 AUG 12 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEQUAQUET RISK, LLC**

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

2013 AUG 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 13 2013

D. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

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

WEQUAQUET 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 9/01/2011 and assigned
Florida document number L11000100640

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:	<u>DINO FABRIZIO</u>		
New Registered Office Address:	<u>219 EAST LIVINGSTON STREET</u>		
	<i>Enter Florida street address</i>		
	<u>ORLANDO</u>	Florida	<u>32801</u>
	<i>City</i>		<i>Zip Code</i>

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.

(Signature)
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

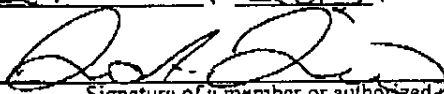
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DINO FABRIZIO	219 EAST LIVINGSTON STREET	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
MGR	DAVID SCHWARTZ	189 S. ORANGE AVE. STE 850	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input 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

2013 AUG 12 AM 11:15
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated

July 29th 2013



Signature of a member or authorized representative of a member

DINO FABRIZIO

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 AUG 12 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA