

L13 000176823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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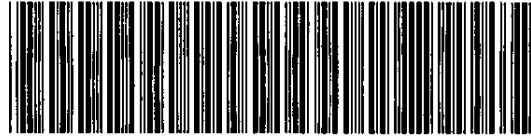
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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January 1, 2014

Douglas F. Spesia
(1940-2010)

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

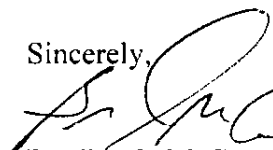
Re: Carrington Risk Consulting LLC
File Number: L13000176823

Dear Department of State,

Enclosed please find a Cover Letter, Articles of Amendment to Articles of Organization of the above referenced limited liability company, and a check made payable to the Florida Department of State in the amount of \$25.00, representing the filing fee. These Articles of Amendment revise the sole manager's incorrectly spelled name as reflected in the filed Articles of Organization from "Kristen" to "Kristin". Please file these Articles as soon as possible, and issue the letter of acknowledgement that the amendment has been filed.

If you should have any questions or require any additional information, please do not hesitate to contact me and I thank you for your prompt attention to this matter.

Sincerely,


Bradley S. McCann

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CARRINGTON RISK CONSULTING LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRADLEY S. MCCANN

Name of Person

SPESIA & AYERS

Firm/Company

1415 BLACK ROAD

Address

JOLIET, ILLINOIS 60435

City/State and Zip Code

bmccann@spesia-ayers.colm

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRADLEY S. MCCANN

Name of Person

at (815)

Area Code

846-2420

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
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

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

CARRINGTON RISK CONSULTING 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 DECEMBER 26, 2013 and assigned
Florida document number L13000176823.

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)

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KRISTEN L CARRINGTON	222 PALERMO CIRCLE	<input type="checkbox"/> Add
		FORT MYERS BEACH, FLORIDA 33931	<input checked="" type="checkbox"/> Remove
MGR	KRISTIN L CARRINGTON	222 PALERMO CIRCLE	<input checked="" type="checkbox"/> Add
		FORT MYERS BEACH, FLORIDA 33931	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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PALM BEACH COUNTY, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated JANUARY 1, 2014.



Signature of a member or authorized representative of a member

BRADLEY S. MCCANN, ORGANIZER ^{ORIGINAL} AUTHORIZED BY MANAGER/MEMBER
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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MILWAUKEE, WISCONSIN