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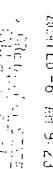
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
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Office Use Only



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February 2, 2024

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: LLC Amendment Filing / 01148 AES Risk Services LLC

To Whom it May Concern:

Accompanying please find the following:

- Cover Letter / Subject: 01148 AES Risk Services LLC
- Check #6080 payable to Florida Department of State in the amount of \$25.00 for Filing Fee LLC Amendment
- Articles of Amendment to Articles of Organization of 01148 AES Risk Services LLC

If you have any questions, please contact Attorney Chris Cona at 239-234-6224 or ccona@cona.law

Sincerely,

Regen Cona

Legal Assistant to Christopher Cona, Esq., MBA

admin@cona.law

# **COVER LETTER**

	tistration Section ision of Corporations		
SUBJECT:	AES FISK SCIVILE) LLL 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:		
	Chris CDNA Name of Person		
	CUNA LAW PULL Firm/Company		
	3765 Aignet Pool, Stitl 201  Address  Miles, Plu 34105  City State and Zip Code  Use enail current or file  E-mail address: (to be used for future annual report notification)	2024 <b>FE</b>	1 <del>111</del> 1
	City/State and Zip Code  Use enail current or file  E-mail address: (to be used for future annual report notification)	2024 FEB - 6 MM 9: 23	ر د د د پوچ <sup>د</sup>
For further in	formation concerning this matter, please call:	图 23	
	Name of Person at (239) 234 - 6822  Area Code Daytime Telephone Number	· —	
Enclosed is a	check for the following amount:		
13.525.00 F	iling Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \tex	f Status & py	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our record	<u>/</u> ds.)
(A Florida Limited I	nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{4/28}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL.6	"" or the abbreviation "L.L. ("
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		11(1) to had
· · · · · · · · · · · · · · · · · · ·		77.7
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and rore	ve to act in this canacity. I fo	wther agree to comply with the

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.Ş. Or. if this document is being filed to merely reflect a change in the registered office address, Thereby 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

Title	Name	Address	Type of Action
MGRM	HArvey Sheldon	2333 Guf of Mexico Prive	□Add
	U	A-2	Remove
		LongBoat Key, Ha 34228	□Change
MGRM	Charlotte Floyd	14401 SW 30th court	L_ □Add
		Marie, Fla 73771	Remove
			□Change
AMBR	HArvey Sheldon	2733 Gulf of mexico Drive	<u></u> X√√qq
	V	A-2	□Remove
		LongBoat Key, Au 342	
ANBR	charlitte floga	14401 SW 30th COVIT	
		NAvie, Flu 33330	□Remove
			□Change
<u>Ambr</u>	Michael Sheldon	1975 Depen street LAKENIUL, CU 80214	Àdd
		LAKEWIND, CU 80214	Remove
			Change 1
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Tective date, if ot	her than the	date of filings			(ont	ional)	
in offective date is list	ed, the date must	be specific and c	annot be prior to da	ite of filing or more	than 90 days after	er filing.) Pursuan	t to 605.02
ote: If the date inso ocument's effective	date on the De	ock does not me	et the applicable ite's records.	statutory filing i	equirements, th	is date will not	be listed
ecord specifies a do	layed effective	date, but not a	n effective time,	at 12:01 a.m. on	the earlier of: (	b) The 90th di	av after tl
is filed.							,
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Filing Fee: \$25.00