

U4000089662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

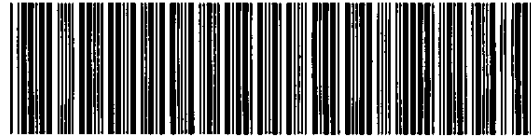
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 AUG 15 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan

AUG 15 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2014

MARLA OROSTEGUI  
939 LA COSTA WAY  
LANTANA, FL 33462

SUBJECT: RISKS MANAGEMENT LLC  
Ref. Number: L14000089662

We have received your document for RISKS MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate on Page 2 of the Amendment who you are Adding or Removing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 514A00015984

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Risks Management 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:

**Marla Orostegui**

Name of Person

**Risks Management LLC**

Firm/Company

**939 La Costa Way**

Address

**Lantana / FL - 33462**

City/State and Zip Code

**treasurer.risksmanagement@gmail.com**

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

For further information concerning this matter, please call:

**Marla Orostegui**

Name of Person

at **561 2946230**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

FILED  
2014 AUG 15 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Risks Management 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 06-04-2014 and assigned  
Florida document number L14000089662.

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:

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>
MGRM	Claudia Sofia Martinez Abaunza	Calle 51 No.35-28 Int. 100 Ofic. 309 Bucaramanga - Colombia	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Risks Management LLC is owned by a Colombian company named "Administramos Riesgos Ltda"

located in Calle 51 No.35-28 Int. 100 Ofic. 309 Bucaramanga - Colombia; and who's sole owner is

Claudia Sofia Martinez Abaunza, therefore, Mrs. Martinez Abaunza is registered as the one and

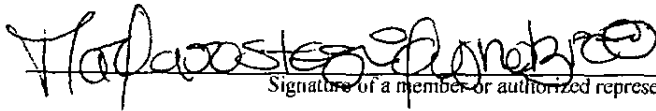
only Managing Member of Risks Management LLC in the U.S.A.

FEIN: 47-0970370

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 21st, 2014



Signature of a member or authorized representative of a member

Marla Orstegui Kujundzik

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA