

L14000181747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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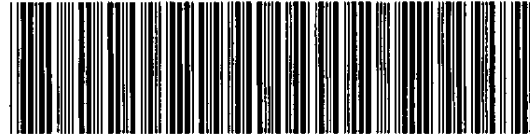
(Business Entity Name)

(Document Number)

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FILED
2015 AUG 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. Cullen AUG 14 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Florida Risk, 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:

Patricia S Perry
Name of Person
All Florida Risk, LLC
Firm/Company
1798 Stargazer Terrace
Address
Sanford, FL 32771
City/State and Zip Code
pp2perry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patty Perry at 407 619-7818
Name of Person Area Code 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2015

PATRICIA S PERRY
1798 STARGAZER TERRACE
SANFORD, FL 32771

SUBJECT: ALL FLORIDA RISK, LLC
Ref. Number: L14000187747

RECEIVED
15 AUG 13 PM 3: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Copy

We have received your document for ALL FLORIDA RISK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 415A00015679

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 AUG 13 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

All Florida 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 12/9/14 and assigned
Florida document number L/4000187747

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 contain 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)

All Florida Risk, LLC
1798 Stargazer Terrace
Sanford, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

All Florida Risk, LLC
1798 Stargazer Terrace
Sanford, FL 32771

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:

Patricia S Perry

New Registered Office Address:

1798 Stargazer Terrace

Enter Florida street address

Sanford

City

Florida

32771

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.

Patricia S Perry

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Janis Laird</u>	<u>1229 Via Del Mar</u>	<input type="checkbox"/> Add
		<u>Winter Park, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32789</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Janis Laird</u>	<u>1229 Via Del Mar</u>	<input type="checkbox"/> Add
		<u>Winter Park, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32789</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Operating Agreement, Exhibit A
members: Removal of Janis Laird
as a member, with 0% Percentage
Interest in All Florida Risk, LLC.

FILED
2015 AUG 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 6th, 2015

Patricia S Perry
Signature of a member or authorized representative of a member

Patricia S Perry
Typed or printed name of signer