

L 150000 10246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

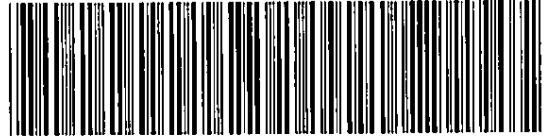
(Business Entity Name)

(Document Number)

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

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Office Use Only



600409033246

05/22/23--01030--014 \*\*25.00

2023 MAY 22 PM 5:40  
FILED  
CLERK

7/17/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CREATIVE RISK SERVICES 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:

RANDY SCHLEGER

Name of Person

CREATIVE RISK SERVICES LLC

Firm/Company

250 S OCEAN BLVD 2a

Address

BOCA RATON FL 33432

City/State and Zip Code

MRINSURANCE911@GMAILCOM

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

For further information concerning this matter, please call:

RANDY SCHLEGER

516

567-0011

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 MAY 22 PM 5:40

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>
MGR	RANDY SCHLEGER	250 S OCEAN BLVD 2A BOCA RATON FL 33432	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZACHARY SCHLEGER		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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.

Signature of a member or authorized representative

Typed or printed name of signee

**Filing Fee: \$25.00**