

L15 000066570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

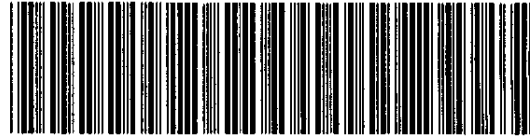
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400273033594

05/18/15--01054--010 \*\*60.00

FILED  
15 JUN -3 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUN 9 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Risk, Strategy, & Total 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:

Trevor A Hodge

Name of Person

Risk, Strategy, & Total Consulting, LLC

Firm/Company

125 East Merritt Island Causeway Suite 107-244

Address

Merritt Island, FL 32952

City/State and Zip Code

woex@outlook.com

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

For further information concerning this matter, please call:

Trevor A Hodge

Name of Person

at ( 321 ) 205-7053

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

RECEIVED  
15 JUN -3 AM 9:30  
TALLAHASSEE, FLORIDA

May 19, 2015

TREVOR A HODGE  
125 EAST MERRIT ISLAND CAUSEWAY  
STE 107-244  
MERRITT ISLAND, FL 32952

SUBJECT: RISK, STRATEGY, & TOTAL CONSULTING LLC  
Ref. Number: L15000066570

We have received your document for RISK, STRATEGY, & TOTAL CONSULTING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 615A00010531

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

Risk, Strategy, & Total 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 April 16, 2015 and assigned Florida document number L15000066570.

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)**

125 East Merritt Island Cswy

Suite 107-244

Merritt Island, FL 32952

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

125 East Merritt Island Cswy

Suite 107-244

Merritt Island, FL 32952

**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:

125 East Merritt Island Cswy Suite 107-244

*Enter Florida street address*

Merritt Island, Florida 32952

*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 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	Rhonda J Sheridan	250 BEL AIRE DRIVE SOUTH	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Suzanne M Gritti	250 BEL AIRE DRIVE SOUTH	<input type="checkbox"/> Add
		MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FILED  
15 JUN -3 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: 5/15/2015** (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 May 14, 2015

Signature of a member or authorized representative

TREVOR A HODGE

Typed or printed name of signee