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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

N COOPER MAY 15 2018

COVER LETTER

TO: Registration S Division of Co			
Risk Com SUBJECT:	merce LLC		
SUBSECT.		ited Liability Company	<u></u>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Shvartsman		
		Name of Person	
	Risk Commerce LLC		
		Firm/Company	
	11451 NW 36th Ave		
		Address	
	Miami, Florida 33167		
		City/State and Zip Code	
	ms@salt.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Michael Shvartsman		786 350-9353	
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o iability Company)	ur records.)
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "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:		₩ SEC
(Mailing address MAY BE A POST OFFICE BOX)		
		
		R RPOPT S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our	records, enter the name of the ne
registered agent and/or the new registered office address ner	<u>c.</u>	ON ON
Name of New Registered Agent:		
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida str	reet address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	_	
I hereby accept the appointment as registered agent and agr	ee to act in this capa	city. I further agree to comply with the
provisions of all statutes relative to the proper and complete	performance of my a	luties, and I am familiar with and

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>	Type of Action
MGR	Robert Sena	11451 NW 36th Ave	
		Miami, FL 33167	_ ■ Remove
			☐ Change
MGR Mic	Michael Shvartsman	11451 NW 36th Ave	
		Miami, Fl 33167	☐ Remove
			□ Change
AMBR	AMBR Justin Friedberg	11451 NW 36th Ave	
		Miami, Fl 33167	Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Remove
	-		☐ Change
			Add
			Remove

					
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		175 - 701 - 771 - 7710			
			•		
Note: If the date inse	ner than the date of find, the date must be specific red in this block does not date on the Department of	ot meet the applic	able statutory filing	(option ore than 90 days after fil requirements, this d	al) ing.) Pursuant to 605.0207 ate will not be listed as
	s a delayed effectiv ter the record is file		t an effective ti	me, at 12:01 a.r	n. on the earlier of
Dated Apri	23	_, 2015	<u>.</u>		
	Signature o	of a member or author	orized representative	of a member	····

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Filing Fee: \$25.00