L15000172769

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COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Eleme	ental Risk, LLC		
SOBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	Courtr	iey Kolenda	
		Name of Person	
	Acrisu	re, LLC	
		Firm/Company	
	100 (Ottawa Avenue, SW	
		Address	
	Grai	nd Rapids, MI 49503	
		City/State and Zip Code	
		porateaffairs@acrisure.cor (to be used for future annual report not	
For further information	n concerning this matter, please of	•	······································
Courtr	ney Kolenda	at (616) 541-124	6
Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	r the following amount:		
☑ \$25.00 Filing Fcc	S30.00 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 Add Registration		<u>Street Address:</u> Registration Se	ection
	Corporations	Division of Co	
P.O. Box 6	327	The Centre of	
Tallahassee	e, FL 32314	2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Elemental Risk, LLC	SEP
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	55 G
The Articles of Organization for this Limited Liab	ility Company were filed on 10/09/2015	andiassigned.
Florida document number <u>L15000172769</u>	·	54.1 68.15
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
El Risk Partners, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	4DDRESS)	· <u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office address on our records, <u>enter the namere</u> :	ie of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	T71	
	, Florida	Zin 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 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

Title	Name	Address	Type of Action
			□ Add
			Remove
		·	□ Change
			□Add
			□Remove
			□Change
		·	□ Add
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)	
_			
_			
_			
_			
			
_			
_			
(If an effec <u>Note:</u> If	e date, if other than the date of filing:		
f the record record is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated _	June 1 2022	}	3
			33 VI
	Signature of a member or authorized representative of a member		9099 CEP - Q - P!4 12:
	Richard Buckley	ָרָיּ, ה	 P
	Typed or printed name of signee	MO NO	2

Filing Fee: \$25.00