

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HENDRY, STONER & BROWN, P.A.  
Account Number : I20000000241  
Phone : (407)843-5880  
Fax Number : (407)425-7905

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RISKPOINT CONSULTING GROUP, LLC

Certificate of Status	0
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2016 OCT 24 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

OCT 25 2016

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RISKPOINT CONSULTING GROUP, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. Steven Brown, Esq.

Name of Person

Hendry, Stoner & Brown, P.A.

Firm/Company

20 North Orange Avenue, Suite 600

Address

Orlando, FL 32801

City/State and Zip Code

sbrown@lawforflorida.com

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

For further information concerning this matter, please call:

G. Steven Brown

Name of Person

at 407

Area Code

843-5880

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)

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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: RiskPoint Consulting Group, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000194250

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article III incorrectly identifies Wilson Lopez as William Lopez. Article III should be corrected to read:

The company shall be member-managed, and the names and addresses of the members are: Wilson Lopez,

1526 Fox Glen Drive, Winter Springs, FL 32708 and Robert H. Higel, 5210 River Park Villa Drive, St. Augustine, FL 32082

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

*Stoner Brown*

Signature of Authorized Representative

10/24/16  
Date

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16 OCT 24 AM 12:21

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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