

LI6000194250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

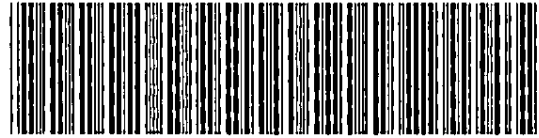
(Business Entity Name)

(Document Number)

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FILED
18 JAN 30 PM 2:20
TALLAHASSEE FLORIDA

J. LEGGETT
JAN 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riskpoint Consulting Group, 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:

JEAN P. BLANCHARD
Name of Person

Riskpoint Consulting Group, LLC
Firm/Company

3948 3rd Street South Suite 262
Address

Jacksonville Beach FL 32250
City/State and Zip Code

JPBLANCHARD@RiskpointCG.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilson Lopez at (321) 439-2289
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Risk Point Consulting Group 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 10/20/2016 and assigned
Florida document number 2016000194250.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1759 W. Broadway Street
Suite 8
Oviedo, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1170 Tree Swallow Drive
Suite 341
Winter Springs, FL 32708

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:

JEAN P. BLANCHARD

New Registered Office Address:

3948 3rd Street South, Suite 202

Enter Florida street address

Jacksonville Beach . Florida 32250
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>
AMBR	Wilson Lopez	1170 Tree Swallow Drive	<input type="checkbox"/> Add
		Suite 341	<input type="checkbox"/> Remove
		Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change
AMBR	Jean P. Blanchard	3948 3rd Street South	<input checked="" type="checkbox"/> Add
		Suite 262	<input type="checkbox"/> Remove
		Jacksonville Beach, FL 32250	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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.)

The name and address of persons authorized
to manage LLC:

① Title: AMBR

Wilson Lopez

1526 Fox Glen Dr.

Winter Springs, FL 32708

② Title: AMBR

Jean P. Blanchard

420 Timberwalk Ct, unit 1212

Ponte Vedra Beach, FL 32082

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18 JAN 30 PM 2:20
AMBR

Total shares issued 200

Assigned 101 shares to Jean P. Blanchard
and 99 shares to Wilson Lopez.

E. Effective date, if other than the date of filing: _____ (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)

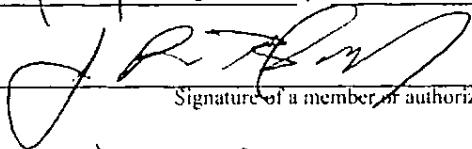
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/25/2018



Signature of a member or authorized representative of a member

Jean P. Blanchard

Typed or printed name of signer