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ТО:	•	gistration Se fision of Cor			
CHE	вјест:	Risk Manag	gement Strategies, LLC		
301	SJECT.		Name of Lim	ited Liability Company	
The	enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plea	ise returr	all correspo	ndence concerning this matter	to the following:	
			James P. Everett Jr.		
				Name of Person	
			Risk Management Plannin	ត	
				Firm√Company	
			15458 1st Street E.		
				Address	
			Madeira Beach, FL 33708	;	
				City/State and Zip Code	
			Jim@riskmanagementplann	=	
			E-mail address: (to be used for future annual report not	ification)
For	further i	ntormation c	oncerning this matter, please ca	ıll:	
Jan	ies P. Ev	erett Jr.		727 452-6844 at () Area Code Daytin	
		Name o	f Person	Area Code Daytin	ne Telephone Number
Enc	losed is a	a check for th	ne following amount:		
	\$25.00 F	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

Risk Management Strategies, 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 $\frac{02/01/17}{2}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Risk Management Planning, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing one: If the date inserted in this block does not meet the applicable statutory for cument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursu	
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on th	ne earl
ted October 2 2017		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00