L17000260189

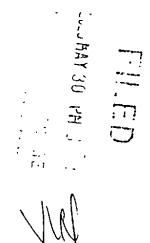
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COVER LETTER

TO:

TO: Registration Se Division of Cor			•
	alth Management, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	-	
	Jorge C. Maristany		
		Name of Person	
	Oakrisk Wealth Manageme	ent, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	4970 SW 72 Ave Ste 107		
	Address Miami, FL 33155		
	Miami, FL 33155		
		City/State and Zip Code	
	jm@oakriskwealth.com		
		to be used for future annual report not	inication)
For further information co	oncerning this matter, please ea	all:	
Jorge C. Maristany		305 965-0540 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	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 Addres Registration S		<u>Street Address:</u> Registration So	ection
Division of C	-	Division of Co	
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	t attanassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Oakrisk Wealth Management, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000260189	were filed on 12/21/2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Med Risk Masters, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre-	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	4970 SW 72 Ave Ste 107 Miami, FL 33155	¢
The state of the s		TA -1
	·	3 · · · · · · · · · · · · · · · · · · ·
Cuton nany mailing addraga if amplicables	**	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name o</u>	f the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fam provided for in Chapter 605, F.S. Or, if i	iliar with and his document is

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
			□Add
			Remove
			□Change
			□Remove
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ffective date, if other than the an effective date is listed, the date modern. If the date inserted in this ocument's effective date on the	ust be specific and c block does not me	cannot be prior to ceet the applicable	date of filing or more le statutory filing re	(optional than 90 days after filing quirements, this dat	g.) Pursuant to 605.0207
record specifies a delayed effect l is filed.	ive date. but not a	ın effective time	e, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
ated May 23		2023	•		

Filing Fee: \$25.00

Typed or printed name of signee