

118000005920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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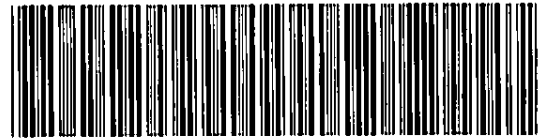
(Business Entity Name)

(Document Number)

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ST. GEORGE'S COURT, TALLAHASSEE, FLORIDA

K. SAIY
OCT - 8 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 101 RISK MANAGEMENT, 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:

LANIER FIGUEREDO

Name of Person

101 RISK MANAGEMENT, LLC.

Firm/Company

15540 SW 68TH TERR

Address

MIAMI, FLORIDA - 33193

City/State and Zip Code

101riskmgt@gmail.com

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

For further information concerning this matter, please call:

LANIER FIGUEREDO

305 467-7065

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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**

FILED
18 OCT -1 AM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

101 RISK MANAGEMENT, 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 01/08/2018 and assigned
Florida document number L18000005920.

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 "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

15540 SW 68TH TERR

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA - 33193

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:

N/A

New Registered Office Address:

15540 SW 68TH TERR

Enter Florida street address

MIAMI

City

, Florida 33193

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>
MGR	LANIER FIGUEREDO	15540 SW 68TH TERR	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33193	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DAYANA MAYOR CEPERO	15540 SW 68TH TERR	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33193	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 CLERK OF COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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HALL COUNTY, FLORIDA

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 _____

Signature of a member or authorized representative of a member

LANIER FIGUEREDO

Typed or printed name of signee