

L180000 74586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

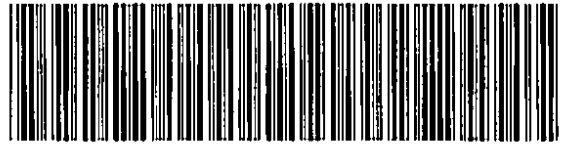
(Business Entity Name)

(Document Number)

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2018 DEC 21 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 08 2019  
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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: COVER RISK LLC

\_\_\_\_\_  
Name of Limited Liability Company

2010 DEC 21 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMIRO MALDONADO

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4789 PRESERVE ST

\_\_\_\_\_  
Address

COCONUT CREEK, FLORIDA 33073

\_\_\_\_\_  
City/State and Zip Code

coverrelle@gmail.com

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

For further information concerning this matter, please call:

RAMIRO MALDONADO

954

3839670

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**

COVER RISK LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2018 DEC 21 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/22/2018 and assigned  
Florida document number L18000074586.

This amendment is submitted to amend the following:

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

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:**

4789 PRESERVE ST

**(Principal office address MUST BE A STREET ADDRESS)**

COCONUT CREEEK, FLORIDA 33073

**Enter new mailing address, if applicable:**

4789 PRESERVE ST

**(Mailing address MAY BE A POST OFFICE BOX)**

COCONUT CREEEK, FLORIDA 33073

**B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

4789 PRESERVE ST

*Enter Florida street address*

COCONUT CREEEK

*City*

Florida 33073

*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 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>
MGRM	WALMER, JONATHAN M.	2525 PONCE DE LEON BOULEVARD	<input type="checkbox"/> Add
		SUITE 300	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
MGRM	MALDONADO REJON, RAMIRO ALFREDO	4789 PRESERVE ST	<input checked="" type="checkbox"/> Add
		COCONUT CREEK, FL 33073	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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) The 90th day after the record is filed.

Baldad

MEMBER

**Filing Fee: \$25.00**

Division of corporation of the Florida State

I was victim of a scam and changes were made in the articles of my business Cover Risk LLC with document number L18000074586 without my authorization, I do not know this person called Jonathan Walmer and I have not made any sale, I have not performed transfer my business, and this case is being processed by the competent authorities and I need to update the articles in the system with the correct data as soon as possible.

Atte.,

Ramiro Alfredo Maldonado Rejon