

L180000 74586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

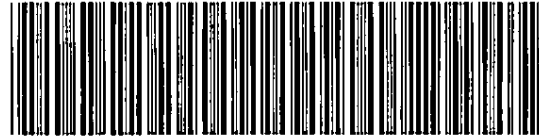
(Business Entity Name)

(Document Number)

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2019 OCT 15 PM 5:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

T. LEMIEUX
OCT 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COVER RISKS 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:

RAMIRO ALFREDO MALDONADO

Name of Person

Firm/Company

8171 SOLANO AVENUE APT 203

Address

HOLLYWOOD FL 33024

City/State and Zip Code

ramirocaracas2003@yahoo.com

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

For further information concerning this matter, please call:

RAMIRO ALFREDO 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**

FILED

COVER RISKS LLC

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

2019 OCT 15 P 5:40

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:

CESAR EDUARDO MOGICA BARAJAS

(Principal office address MUST BE A STREET ADDRESS)

12681 NW 32RD ST

SUNRISE FL 33323

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:

CESAR EDUARDO MOGICA BARAJAS

New Registered Office Address:

12681 NW 32RD ST

Enter Florida street address

SUNRISE

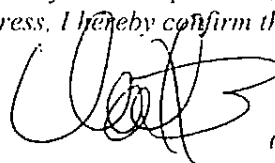
City

, Florida 33323

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>
MBR	RAMIRO A MALDONADO	8171 SOLANO AVENUE APT 203	<input type="checkbox"/> Add
		HOLLYWOOD FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	CESAR EDUARDO MOGICA BARAJAS	12681 NW 32RD ST SUNRISE FL 33323	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(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.

Dated OCTOBER 11 2019

Q. A. Smith

Signature of a member or authorized representative of a member

RAMIRO ALFREDO MALDONADO

Typed or printed name of signee