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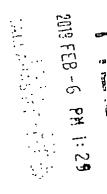
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COVER LETTER

Division of Cor				3
Capteus LL SUBJECT:	.C			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steve Evers			
		Name of Person		
		Firm/Company		
	3398 Belcherry Loop			
		Address		
	The Villages			
	Florida, 32163	City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	:ation)	
For further information of	concerning this matter, please c	all:		
Steve Evers		734 276-4422 at ()		7.0 cm² −m
Name (of Person		Telephone Number	
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional copy is	ee, N

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

Capteus, LLL		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L18000182052	ty Company were filed on July, 30, 2018	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
RISKVILLE US; W		
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	:	
(Principal office address MUST BE A STREET AI		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
		: 23
B. If amending the registered agent and/or r	egistered office address on our records, g	enter the name of the n
registered agent and/or the new registered office	address nere:	CO Process
Name of New Registered Agent:		0 111
New Registered Office Address:		The state of the s
	Enter Florida street address	- C
	, Floric	
	City	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>	Type of Action
MGR	Soren Hundeboll	28a St Andrew Street, North Berwick, EH39 4NX UK	
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			☐ Add
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fective date, if other that an effective date is listed, the date in serted in to be ument's effective date on	ate must be specific and canno this block does not meet th	t be prior to date of filing one applicable statutory f	or more than 90 days after f	iling.) Pursuant to 6	
record specifies a de The 90th day after the		but not an effectiv	ve time, at 12:01 a.	m. on the ea	rlier c
Febuary 3	201	9			
	700	~ (P-)			
	Signature of a member	r or authorized representa	itive of a member		

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Filing Fee: \$25.00