## L21 000007939

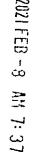
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO:	Registration Se Division of Cor		7	¥
SUBJE	ECT: United St	tates E-Learning Collat		
		Name of Lim	nited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kenneth R. Nanni		
			Name of Person	
		United States E-Lea	rning Collaborative LLC	
			Firm/Company	<del></del>
		10933 Cory Lake	Dr.	
			Address	
		Tampa, FL 33647		
			City/State and Zip Code	
		kennanni@hotmail.com		
		E-mail address; (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
Kenn	eth R. Nanni		at (352 ) 275-9369	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	5.00 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



2021 FEB -8 AM 7: 37

United States E-Learning Collaborative 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 I	Liability Company	y were filed on 12-	15-2020 and assigned
Florida document number <u>L21000007939</u>			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	bility company her	<u>·e</u> :
Risk Management Institute LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if application	cable:	10933 Cory l	ake Dr.
(Principal office address MUST BE A STREE	ET ADDRESS)		
		Tampa FL 3	33647
Enter new mailing address, if applicable:		10933 Cory L	ake Dr.
(Mailing address MAY BE A POST OFFICE	BOX)	Tampa FL 3	33647
B. If amending the registered agent and registered agent and/or the new registered of	~		our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Kenneth F	R. Nanni	
New Registered Office Address:	10933 Co	ry Lake Dr.	
		Enter Floria	la street address
	Tampa		, Florida 33647
		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		The state of the s			
<u>Title</u>	Name	Address 1 FEB -8 AM 7: 37	Type of Action		
			☐ Remove		
			Change		
<del></del>			□ Add		
			☐ Remove		
			Change		
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			Remove		
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			Change		
			Add		
			☐ Remove		
			Change		

	2021 FEB -8 AM 7: 37
E. Effective date, if other than the date of fili (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (soft meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective b) The 90th day after the record is filed	e date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated February 1	2021.  12 12  Ta member or authorized representative of a member
	12 1/

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Typed or printed name of signee

Filing Fee: \$25.00