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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		sk Partners LLC		
SUBJEC		Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please ret	urn all correspo	indence concerning this matter	to the following:	
		Jennifer Mack		
			Name of Person	
		St Johns Risk Partners LL0	С	
			Firm/Company	
		155 Bartram Market Dr. S	TE 135, #258	
			Address	,
		St Johns, FL 32259		
			City/State and Zip Code	·
		jmack@sjriskpartners.com		
			to be used for future annual report no	tification)
For furthe	er information co	oncerning this matter, please c	all:	
Jennifer M	Mack		904 895-5195	
	Name of	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 Addres Registration S		Street Address: Registration Se	ection
Ľ	Division of C	orporations	Division of Corporations	
	P.O. Box 632		The Centre of	
J	Fallahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St Johns Risk Partners LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number <u>L23000345934</u>	were filed on 07/21/2023	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	reviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS))02:Tag
		- 5 9
nter new mailing address, if applicable:	155 Bartram Market Dr. STE 135, #258	<i>⇔</i>
• • • • • • • • • • • • • • • • • • • •	St Johns, FL 32259	
Aailing address MAY BE A POST OFFICE BOX)		
		- 10
If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new regist
New Registered Office Address:	Enter Florida street address	
	Emer r wrau street address	
	, Florida	7: 0.1
	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 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>	Address	Type of Action
AMBR	Jennifer Mack	155 Bartram Market Dr. STE 135, #258	≣Add
		St Johns, FL 32259	□ Remove
		•	□Change
			□ Add
			□ Remove
			□ Change
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Note:	ve date, if other than the date of filing:
the record ord is file	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 ed.
Dated ₋	10, 12. 2023.
	Signature of a member or authorized representative of a member
	Jennifer Mack