

L23 000 374011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

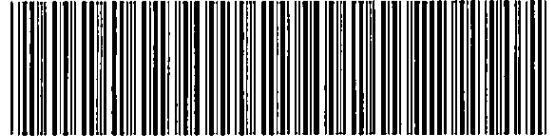
(Business Entity Name)

(Document Number)

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2023 DEC -4 AM 9:39

g 12/17/2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RiskCraft, 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:

Kurt Oestreicher
Name of Person

RiskCraft, LLC
Firm/Company

386 S. Atlantic Ave. #1116
Address

Ormond Beach, FL 32176
City/State and Zip Code

kurt@riskcraft.ai
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt Oestreicher 386 334-2971
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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>
AMBR	ADAM GLADSDEN	43 Oak Ridge Dr.	<input type="checkbox"/> Add
		Voorhees, NJ 08043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAHESH MADHUSUDANAN	16428 Frehley Run	<input type="checkbox"/> Add
		Land O Lakes, FL 34638	<input checked="" 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

[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 November 29, 2023

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kurt Oestreicher

Typed or printed name of signee