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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Frank Risk Investments, LLC SUBJECT: 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: Franklin A. Risk, Jr. Name of Person Firm/Company 11251 Reed Island Ct. Address Jacksonville, FL 32225 City/State and Zip Code frankrisk@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Franklin A. Risk, Jr. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **≡** \$30.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frank Risk Investments, LUC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/02/24	and assigned
Florida document number L24000157330		
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 I	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 ADDRESS	<u> </u>	5.
	<u></u>	3
		1 10
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		
<u></u>		2
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR -	Franklin A. Risk	2736 Safeshelter Drive West	□Add
		Jacksonville, FL 32225	□Remove
			≘ Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I need to drop the "Sr." off of Franklin A. Risk, Sr. so it is simply Franklin A. Risk to match his Florida Drivers License please. E. Effective date, if other than the date of filing: (Optional)
(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 (3xb) 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. If the record 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 record is filed. Dated ____ 2024 From Alib. Signature of a member or authorized representative of a member Franklin A. Risk, Jr. Typed or printed name of signce

Filing Fee: \$25.00