## LZH 000 469 605

(Re	equestor's Name)	
(Ad	dress)	_ ,
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

## **COVER LETTER**

	Registration Se Division of Cor			
CHD IEZ	Blanket Ris	k, LLC		
SUBJEC	-1: <u> </u>	Name of Limi	ted Liability Company	<del></del>
The encl	osed Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	to the following:	
		Robert Settle		
			Name of Person	
		Blanket Risk, LLC		
		•	Firm/Company	
		601 N Congress Ave. Ste 4	34	
			Address	
		Delray Beach, FL 33445		
			City/State and Zip Code	
		rob@blanketrisk.com		
		E-mail address: (t	o be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca	dl:	
Robert S	Settle		561 908-6622	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■</b> \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Blanket Risk, LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records. Limited Liability Company)	.,
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/01/2024	and assigned
Florida document number L24000464605		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
<del></del>	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
MGR	Belinda Mitchell	4001 S Ocean Blvd Ste. 108	≣Add
		Palm Beach, FL 33480	□Remove
		<del> </del>	
		<del></del>	□Remove
			□Change
			□Add
			Remove
			Change
		<del></del>	□Add
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<del></del>			DAddd PH THE STATE OF THE STATE

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cunned be prior to date of filing or more than 90 days after thing.) Pursuant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  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 d is filed.  Signature of meeting or authorized representative of a member  Robert Settle					
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Signature of a member or authorized representative of a member		e date, but not an effective	e time, at 12:01 a.m. on t	he earlier of: (b) The	e 90th day after the
Signature of a member or authorized representative of a member	ated	. 2024			IDEC 13
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		erghanare or a memora of de	manage representative of c		

Filing Fee: \$25.00