L21000293030

(Requestor's Name)

(Address)

(Address)

(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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05/06/25--01031--024 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

Mail 7/7/25

Bressler
AMERY & ROSS
A PROFESSIONAL CORPORATION

Kenneth R. Cohen
Principal

325 Columbia Turnpike
Suite 301
Florham Park, NJ 07932
Tel: 973.514.1200
Fax: 973.514.1660

Direct: 973.966.9689
kcohen@bressler.com

April 1, 2025

Via Federal Express
Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: AiK2 Insurance Services, LLC

Dear sir or madam,

I enclose for filing the Articles of Amendment to Articles of Organization of AiK2 Insurance Services, LLC, and a check for $25.00 in payment of the filing fee.

Also enclosed is a self addressed stamped envelope. Please do not hesitate to contact me if you require anything further.

Sincerely,

Kenneth R. Cohen

KENNETH R. COHEN

FILED
2025 MAY -6 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

KRC:klh
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AiK2 Insurance Services, 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:

Ken Cohen
Name of Person

Bressler, Amery & Ross
Firm/Company

325 Columbia Turnpike
Address

Florham Park, NJ 07932
City/State and Zip Code

kcohen@bressler.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Cohen at (973) 9669689
Name of Person — Area Code — Daytime Telephone Number

FILED
2025 MAY -6 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the following amount:

- ■ $25.00 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 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

AiK2 Insurance Services, 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 Liability Company were filed on June 25, 2021 and assigned Florida document number L21000283030.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HavenRisk Insurance, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address MAY BE A POST OFFICE BOX)

2025 MAY -1 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: n/a

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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	Name	Address	Type of Action
	n/a		☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

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2025 MAY -6 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: n/a **(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 (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.

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 MARCH 31, 2025

Signature of a member or authorized representative of a member

DAVID SOLIMINE

Typed or printed name of signee

Filing Fee: $25.00