

MZ1000010404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

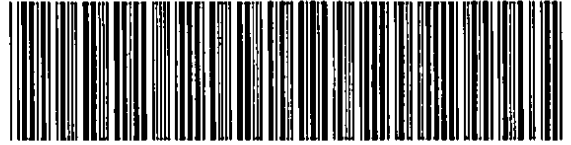
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800375044978

10/19/21--01019--021 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL
2021 OCT 19 PM 3:11

FILED

Y. SCOTT
NOV - 1 2021

October 14, 2021

Region Code 2696

Florida Secretary of State
Division of Corporations
Corporate Filings
2661 Executive Center Circle
Tallahassee, FL 32301
Fax: 850-245-6014

Ref: Amendment Application for Name Change

Dear Sir/Madam:

We are filing the following documents on behalf of Secure Risk and Insurance Services, LLC

The items checked below are enclosed.

- Certificate of Amendment Application
- Check #36791 Amount \$25.00
- Certificate of Good Standing
- Copy of Amended Articles of Incorporation

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Kristie Washington

Kristie Washington
Annuals and Corporates Specialist
Insurance Licensing Services of America, Inc.
111 N. Railroad St
P.O. Box 390
Groesbeck, TX 76642
Ph: 254.729.6161
Fax: 254.729.8069
Email: kwashington@ilsainc.com

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SECRETARY OF STATE
TALLAHASSEE, FL

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103762

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Certainty Risk and Insurance Services, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristie Washington
Name of Person

ILSA, Inc.
Firm/Company

111 N. Railroad St.
Address

Groesbeck, TX 76642
City/State and Zip Code

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

For further information concerning this matter, please call:

Kristie Washington at (254) 729-6161
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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 2021 OCT 19 PM 3:11
 SECRETARY OF STATE
 TALLAHASSEE, FL

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Certainty Risk and Insurance Services, LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____
(Mailing address)
MAY BE A POST OFFICE BOX

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2. The Florida document number of this limited liability company is: M21000010404

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 8/9/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Securent Risk and Insurance Services, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:

Justin Vedder

Signature of the authorized representative

Justin Vedder

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
 TALLAHASSEE, FL
 2021 OCT 19 PM 3:01
 FILED

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURENT RISK AND INSURANCE SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2021.

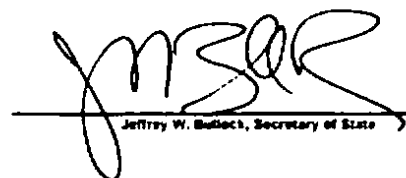
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURENT RISK AND INSURANCE SERVICES, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2021 OCT 19 PM 3:11
OFFICE OF THE SECRETARY OF STATE
CORPORATION DIVISION
DELAWARE

FILED




Jeffrey W. Bullock, Secretary of State

5905051 8300

SR# 20213458518

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204356521

Date: 10-07-21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "SECURENT RISK AND INSURANCE SERVICES, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF MAY, A.D. 2021, AT 11:34 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CERTAINTY RISK AND INSURANCE SERVICES, LLC" TO "SECURENT RISK AND INSURANCE, LLC", FILED THE FIRST DAY OF SEPTEMBER, A.D. 2021, AT 2:28 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "SECURENT RISK AND INSURANCE, LLC" TO "SECURENT RISK AND INSURANCE SERVICES, LLC", FILED THE SEVENTH DAY OF SEPTEMBER, A.D. 2021, AT 12:48 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

2021 OCT 19 PM 3:12
SECRETARY OF STATE
FILED



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5905051 8100H
SR# 20213458518

Authentication: 204356514
Date: 10-07-21

Delaware

Page 2

The First State

*AFORESAID LIMITED LIABILITY COMPANY, "SECURENT RISK AND
INSURANCE SERVICES, LLC".*




Jeffrey W. Bullock, Secretary of State

5905051 8100H
SR# 20213458518

Authentication: 204356514
Date: 10-07-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:34 AM 05/10/2021
FILED 11:34 AM 05/10/2021
SR 20211673835 - File Number 5905051

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY


The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is _____
Certainty Risk and Insurance Services, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 1209 Orange Street (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company

2021
MAY 10 11:34 AM
SECRETARY OF STATE
PH 3112

FILED

By: 
Authorized Person

Name: Lisa Wallace
Print or Type

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: _____
Certainty Risk and Insurance Services, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Securent Risk and Insurance, LLC

2021 OCT 19 PM 3:12
SECRETARY OF STATE
DELAWARE

FILED

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 1st day of September, A.D. 2021.

DocuSigned by:
By: Lisa Wallace
051437E084CE4AC

Authorized Person(s)

Name: Lisa Wallace

Print or Type

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: _____
Securent Risk and Insurance, LLC

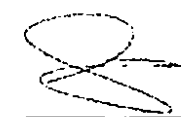
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Securent Risk and Insurance Services, LLC

2021 OCT 19 PM 3:12
SECRETARY OF STATE
WILMINGTON, DE

FILED

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 7th day of September, A.D. 2021.

By: 
Authorized Person(s)

Name: Lisa Wallace
Print or Type