

L20000321084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

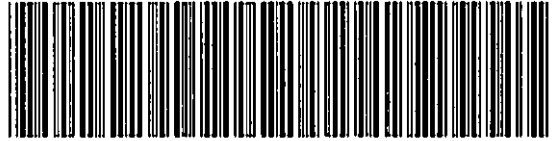
Certified Copies _____

Certificates of Status 1

1/29/21

Special Instructions to Filing Officer:

Office Use Only



200357903182

11/25/20--01007--030 **30.00

S TA I E N T

FEB 1 2 2021

2021 FEB 1 2 11:33

Amend
+
NLC

State of Florida
Department of State

500355670016
11/25/20--01007--030 **30.00

I certify the attached is a true and correct copy of the Articles of Organization of AEGIS RISK ANALYTICS & CONSULTING LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on October 12, 2020 effective ~~January 01, 2021~~, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L20000321084.

Authentication Code: 201019171436-500353510765#1

* Amendment documents and request submitted Nov 16th, 2020
↳ mistakenly did not include payment required.
thank you!

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Nineteenth day of October, 2020



Laurel M. Lee
Laurel M. Lee
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2021

BERTHO DESSALINES
AEGIS RISK ANALYTICS & CONSULTING LLC
62 NE 167TH STREET, #1070
MIAMI, FL 33162

SUBJECT: AEGIS RISK ANALYTICS & CONSULTING LLC
Ref. Number: L20000321084

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

THE EFFECTIVE DATES CAN NOT BE CHANGED TO OCTOBER 12 NOR NOVEMBER 16, 2020. PLEASE REMOVE THIS INFORMATION FROM LETTER D AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 521A00000605

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AEGIS RISK ANALYTICS & CONSULTING, 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:

BERTHO DESSALINES

Name of Person

Firm/Company

62 NE 167th STREET, #1070

Address

MIAMI, FLORIDA 33162

City/State and Zip Code

BERTHODESSALINES@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERTHO DESSALINES

203 747-1708
at ()

Name of Person

Area Code

Daytime Telephone Number

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

AEGIS RISK ANALYTICS & CONSULTING, 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 12 OCTOBER 2020 and assigned Florida document number L20000321084.

This amendment is submitted to amend the following:

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

AEGIS RISK ANALYTICS 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:

(Principal office address MUST BE A STREET ADDRESS)

62 NE 167th STREET, #1070

MIAMI, FLORIDA 33162

USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 530651

MIAMI SHORES, FL 33153

USA

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:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO/AM	BERTHO DESSALINES	P.O. BOX 530651	<input type="checkbox"/> Add
		MIAMI SHORES, FL 33153	<input type="checkbox"/> Remove
		USA	<input checked="" type="checkbox"/> Change
CFO/AM	MARION E GABOU	P.O. BOX 530651	<input checked="" type="checkbox"/> Add
		MIAMI SHORES, FL 33153	<input type="checkbox"/> Remove
		USA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please add & update the following: EIN# 85-3394952 & Business Tax Receipt # 7596847 (if necessary)

Effective date 1 JAN 2021 or current filing date (whichever meets applicable statutory filing requirements)

Business Phone #

Business Fax # (786) 289 - 9917

Website: www.aegisriskanalytics.com

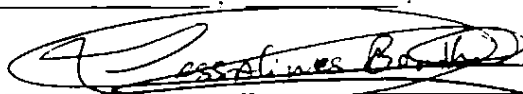
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 (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 19 JANUARY 2021



Signature of a member or authorized representative of a member

Bertho Dessalines

Typed or printed name of signee