

9/27/24, 8:24 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120190000128
Phone : (850)769-3434
Fax Number : (251)544-1643

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dmoniz@handfirm.com

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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASSURANCE SECURITY SOLUTIONS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
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M. SOLOMON

OCT 17 2024

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Corporate Filing Menu

Help

To:

Page: 3 of 7

2024-10-17 10:14:06 CDT

18505025895

From: Jessica Medina

850-617-6381

10/1/2024 1:08:18 PM PAGE 1/001 Fax Server



October 1, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ASSURANCE SECURITY SOLUTIONS, LLC
34990 EMERALD COAST PARKWAY, SUITE 300
DESTIN, FL 32541US

SUBJECT: ASSURANCE SECURITY SOLUTIONS, LLC
REF: L24000218515

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The amendment you faxed in is for a Florida Corporation instead of Florida LLC.

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H24000328577
Letter Number: 024A00021704

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TALLAHASSEE, FL

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COVER LETTER

H240003285773

TO: Registration Section
Division of Corporations

SUBJECT: ASSURANCE SECURITY SOLUTIONS, 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:

DION J. MONIZ, ESQ.

Name of Person

HAND ARENDALL HARRISON SALE, LLC

Firm/Company

35008 EMERALD COAST PARKWAY, SUITE 500

Address

DESTIN, FLORIDA 32541

City/State and Zip Code

dmoniz@handfirm.com

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

For further information concerning this matter, please call:

Jessica Medina

850

650-0010

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

H240003285773

SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H240003285773

ASSURANCE SECURITY SOLUTIONS, 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 05/16/2024 and assigned
Florida document number L24000218515.

This amendment is submitted to amend the following:

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

ASSURANCE SECURITYADVISORS, 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)

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

H240003285773

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H240003285773

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

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 TALLAHASSEE, FL

F. Effective date, if other than the date of filing: 09/15/2024 (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.Dated 9/15/2024Signature Steven Franco

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Steven Franco

(Typed or printed name of person signing)

President

(Title of person signing)

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Filing Fee: \$25.00