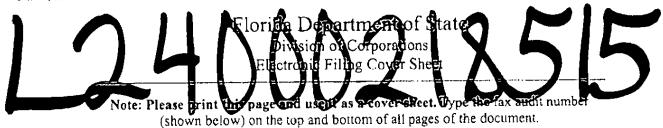
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC

Account Number : I20190000128

Phone : (850)769-3434

Fax Number : (251)544-1643

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

dmoniz@handfirm.com Email Address:

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

Certificate of Status	
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M. SOLOMON

OCT 17 2024

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October 1, 2024

850-617-6381

FLORIDA DEPARTMENT OF STATE

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 $\hat{x}_{i,j}^{(r)}$. 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 From: Jessica Medine

TO:

COVER LETTER

H240003285773

	Registration S Division of Co									
SUBJEC		NCE SECURITY SOLUTIONS	S, LLC							
SOBJEC	-1.	Name of Limited Liability Company								
		of Amendment and fee(s) are sub condence concerning this matter	.							
		DION J. MONIZ, ESQ.								
			Name of Person		-					
		HAND ARENDALL HAI	RRISON SALE, LLC							
			Firm/Company							
		35008 EMERALD COAS	T PARKWAY, SUITE 500							
		DESTIN, FLORIDA 3254	I		:(F) (기)	2024				
			City/State and Zip Code	*** ***********************************		000	nu C			
		dmoniz@handfirm.com			····	- 17	j			
For furth	er information	E-mail address: (concerning this matter, please c	to be used for future annual report noticall:	rication		2024 OCT 17 PM 1				
Jessica N	Medina		850 650-0010 at ()		FL	91:1				
	Name	of Person		e Telephone Numbe	er					
Enclosed	is a check for	the following amount:								
□ \$ 25,6	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	tus &				

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 Tallahassec, FL 32303

H240003285773

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Lim	ted Liability Co. (A Florida Limi	nipany as it now appears on ted Liability Company)	our records.)	
The Articles of Organization for this Limited I				ed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited l	iability company here:		
ASSURANCE SECURITYADVISORS, LLC				
The new name must be distinguishable and contain the	words "Limited L	iability Company," the design	nation "LLC" or the abbreviation "L.L.C.	.,
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STRE	ET ADDRESS	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	2024 OCT IT	
				T
B. If amending the registered agent and/or agent and/or the new registered office addre		ce address on our reco	rds, enter the name of the new re	gist
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida :	street address	
			, Florida	
		City	Zip Code	

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:

	H240003285773
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		□Add
			□Rcmove
			Change
	N/A		□Add
			□Remove
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	N/A		2024-0CT
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To:

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Filing Fee: \$25.00