

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 SEP 16 PM 12:13

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIGITAL RISK VALUATION SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 Sep 16 13:20:42

J. GENNUS
SEP 19 2022

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: DIGITAL RISK VALUATION 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)

M12000002438

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

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/02/2012

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

5. New name of the limited liability company: Digital Risk 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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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.

/s/ Caitlin Lazarus

Signature of the authorized representative

Caitlin Lazarus, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "DIGITAL RISK VALUATION
SERVICES, LLC", CHANGING ITS NAME FROM "DIGITAL RISK VALUATION
SERVICES, LLC" TO "DIGITAL RISK SERVICES LLC", FILED IN THIS
OFFICE ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2022, AT 12:41
O'CLOCK P.M.*



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

5146514 8100
SR# 20223544655

Authentication: 204411837
Date: 09-16-22

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

CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION

(Under Section 18-202 of the Delaware Limited Liability Company Act)

It is hereby certified that:

- 1. The name of the limited liability company prior to the filing of this Certificate of Amendment is: "Digital Risk Valuation Services, LLC".
- 2. The Certificate of Formation of the limited liability company is hereby amended by deleting paragraph FIRST thereof in its entirety and replacing it with the following:

FIRST: The name of the limited liability company (the "Company") is "Digital Risk Services LLC".
- 3. This Certificate of Amendment is effective upon filing.

Executed on September 6, 2022.

DocuSigned by:
Joseph Chacko

06F04235A1E947E

Name: Joseph Chacko
Title: President