

M 1800000000 6189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

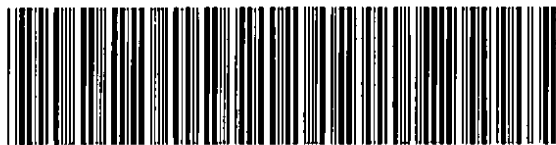
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ALABAMA SECRETARIAT

2020 FEB 14 AM 7:11

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MAR 10 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TN Trans Risk Solutions, L.C.

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:

Jen Schilling

Name of Person

TN Trans Risk Solutions, L.C.

Firm/Company

500 1st Street SE

Address

Cedar Rapids, IA 52401

City/State and Zip Code

jschilling@truenorthcompanies.com

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

For further information concerning this matter, please call:

Jen Schilling

Name of Person

at (319) 739-1195

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

**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: TN Trans Risk Solutions, 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)

2. The Florida document number of this limited liability company is: M18000006189

3. Jurisdiction of its organization: Iowa

4. Date authorized to do business in Florida: December 31, 2018

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

5. New name of the limited liability company: TN TR Risk Solutions, 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

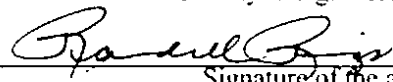
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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
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_____	_____	_____	<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.



Signature of the authorized representative

Randall Rings, Manager & Secretary

Typed or printed name of signee

Filing Fee: \$25.00

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 2/10/2020

Name: TN TR RISK SOLUTIONS, L.C. (489DLC - 444446)

Date of Incorporation: 10/15/2012

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS186711

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State

444446

ARTICLES OF AMENDMENT

OF

TN TRANS RISK SOLUTIONS, L.C.

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

The undersigned limited liability company (the "Company"), organized pursuant to the Iowa Limited Liability Company Act, Chapter 489, Code of Iowa, has adopted the following articles of amendment to its Certificate of Organization, effective on the date set forth below.

ARTICLE I - NAME

The name of the limited liability company is TN Trans Risk Solutions, L.C. The filing date of the original Certificate of Organization with the Iowa Secretary of State was October 15, 2012.

ARTICLE II - TEXT OF EACH AMENDMENT ADOPTED

The following amendment to the Company's Articles of Organization was adopted:

"Article I of the Company's Certificate of Organization is replaced with the following:

The name of the limited liability company is: TN TR RISK SOLUTIONS, L.C."

ARTICLE III - DATE OF AMENDMENT'S ADOPTION

The date of the amendment set forth in Article I was adopted is January 7, 2020.

ARTICLE IV - ADOPTION

The amendment set forth above was adopted by a vote of the members in accordance with the Iowa Limited Liability Company Act, Chapter 489, Code of Iowa.

Adopted on this 7th day of January 2020.

TN TRANS RISK SOLUTIONS, L.C.

By: 
Randall Rings, Secretary &

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SECRETARY OF STATE
1-8-20
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No: W01263386
Date: 01/24/2020

SECRETARY OF STATE

489DLC-444446
TN TR RISK SOLUTIONS, L.C.

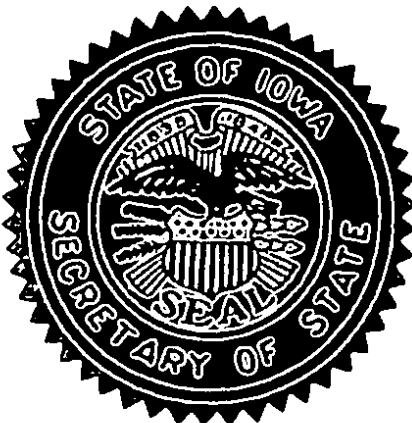
ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Articles of Amendment

The document was filed on Jan 8 2020 2:21PM, to be effective as of Jan 8 2020 2:21PM.

The amount of \$50.00 was received in full payment of the filing fee.



PAUL D. PATE SECRETARY OF STATE