

M 190000006723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2022 JAN 29 PM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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APR 08 2022



Jesse D. Wilson

Member

317.237.3298 (t)

317.237.3900 (f)

[jdwilson@fbtlaw.com](mailto:jdwilson@fbtlaw.com)

January 27, 2022

**OVERNIGHT DELIVERY VIA FEDEX**

Registration Section

Division of Corporations

2415 N Monroe St. Suite 810

Tallahassee, Florida 32303

Re: Generali Warranty Solutions, LLC  
Name Change

Dear Sir or Madam:

Please be advised that Generali Warranty Solutions, LLC, a foreign limited liability company in Florida, hereby submits the attached Application By Foreign Limited Liability Company To File Amendment To Certificate Of Authority To Transact Business in Florida.

Generali Warranty Solutions, LLC has merged with Applied Warranty and Insurance Solutions, LLC, a Delaware limited liability company. Applied Warranty and Insurance Solutions, LLC, is the name of the surviving limited liability company.

If you have any questions regarding the application or require additional information, please do not hesitate to contact our office. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Jesse D. Wilson".

Jesse D. Wilson

Capital Center | 201 N. Illinois St. Ste. 1900 | Indianapolis, IN 46204 | 317.237.3800 | [frostbrowntodd.com](http://frostbrowntodd.com)  
Indiana | Kentucky | Michigan | Ohio | Pennsylvania | Tennessee | Texas | Virginia | West Virginia

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Generali Warranty Services, LLC  
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:

Jesse D. Wilson

Name of Person

Frost Brown Todd LLC

Firm/Company

201 N. Illinois St. Ste. 1900

Address

Indianapolis, IN 46204

City/State and Zip Code

skirby@auw.com

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

For further information concerning this matter, please call:

Jesse D. Wilson

at ( 317 ) 237-3298

Name of Person

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

FILED  
2022 JAN 28 PM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Generali Warranty Services, LLC

**(Principal office address**  
**MUST BE A STREET ADDRESS)**

Miami, FL 33131

(Mailing address  
MAY BE A POST OFFICE BOX)

601 Brickell Key Dr. Ste. 605

Miami, FL 33131

2. The Florida document number of this limited liability company is: M19000006723

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/01/2019

5. New name of the limited liability company: Applied Warranty and Insurance Services, LLC  
(must contain "Limited Liability Company," "LLC," 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: N/A

**New Registered Office Address:** N/A

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.*

3

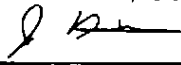
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u>         | <u>Address</u>                             | <u>Type of Action</u>                      |
|------------------------|---------------------|--|--|
| Manager                | Jose Menendez       | 7 World Trade Center 250 Greenwich St 33rd | <input type="checkbox"/> Add               |
|                        |                     | NY, NY 10007                               | <input checked="" type="checkbox"/> Remove |
| Manager                | John Eugene Martini | 7 World Trade Center 250 Greenwich St 33rd | <input type="checkbox"/> Add               |
|                        |                     | NY, NY 10007                               | <input checked="" type="checkbox"/> Remove |
| Manager                | Mauricio Caneda     | 7 World Trade Center 250 Greenwich St 33rd | <input type="checkbox"/> Add               |
|                        |                     | NY, NY 10007                               | <input checked="" type="checkbox"/> Remove |
| Operating              | Jose Menendez       | 601 Brickell Key Dr Ste 605                | <input checked="" type="checkbox"/> Add    |
|                        |                     | Miami FL 33131                             | <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.

  
\_\_\_\_\_  
Signature of the authorized representative

Jesse D. Wilson

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**STATE OF DELAWARE  
CERTIFICATE OF MERGER OF  
DOMESTIC LIMITED LIABILITY COMPANIES**

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Act, the undersigned limited liability company executed the following Certificate of Merger:

**FIRST:** The name of the surviving limited liability company is  
Applied Warranty and Insurance Services, LLC  
and the name of the limited liability company being merged into this surviving limited liability company is Generali Warranty Services, LLC.

**SECOND:** The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent limited liability companies.

**THIRD:** The name of the surviving limited liability company is  
Applied Warranty and Insurance Services, LLC.

**FOURTH:** The merger is to become effective on January 1, 2022  
for accounting purposes only.

**FIFTH:** The Agreement of Merger is on file at 10805 Old Mill Road,  
Omaha, Nebraska 68154  
the place of business of the surviving limited liability company.

**SIXTH:** A copy of the Agreement of Merger will be furnished by the surviving limited liability company on request, without cost, to any member of the constituent limited liability companies.

**IN WITNESS WHEREOF,** said surviving limited liability company has caused this certificate to be signed by an authorized person, the 14th day of  
January, A.D., 2022.

By: \_\_\_\_\_

Jeffrey A. Silver  
Authorized Person

Name: Jeffrey A. Silver

Print or Type

Title: Secretary