

MZ1000010404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

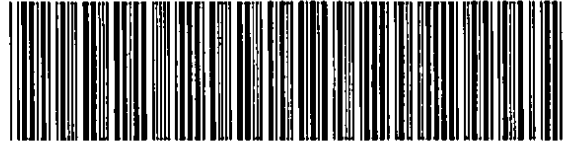
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/19/21--01019--021 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL  
2021 OCT 19 PM 3:11

FILED

Y. SCOTT  
NOV - 1 2021

October 14, 2021

Region Code 2696

Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Fax: 850-245-6014

**Ref: Amendment Application for Name Change**

Dear Sir/Madam:

We are filing the following documents on behalf of Secure Risk and Insurance Services, LLC

The items checked below are enclosed.

- Certificate of Amendment Application
- Check #36791 Amount \$25.00
- Certificate of Good Standing
- Copy of Amended Articles of Incorporation

Should you need anything further, please do not hesitate to contact me.

**Please return all filed documents to my attention.**

Sincerely,

*Kristie Washington*

Kristie Washington  
Annuals and Corporates Specialist  
Insurance Licensing Services of America, Inc.  
111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254.729.6161  
Fax: 254.729.8069  
Email: [kwashington@ilsainc.com](mailto:kwashington@ilsainc.com)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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103762

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Certainty Risk and Insurance 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:

Kristie Washington  
Name of Person

ILSA, Inc.  
Firm/Company

111 N. Railroad St.  
Address

Groesbeck, TX 76642  
City/State and Zip Code

kwashington@ilsainc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristie Washington at ( 254 ) 729-6161  
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

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 2021 OCT 19 PM 3:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

# 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: Certainty Risk and Insurance 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

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TALLAHASSEE, FL

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2. The Florida document number of this limited liability company is: M21000010404

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 8/9/2021

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

5. New name of the limited liability company: Securent Risk and Insurance 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)(c), indicate that change:

\_\_\_\_\_

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

DocuSigned by:

*Justin Vedder*

Signature of the authorized representative

Justin Vedder

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE  
 TALLAHASSEE, FL  
 2021 OCT 19 PM 3:01  
 FILED

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SECURENT RISK AND INSURANCE SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2021.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SECURENT RISK AND INSURANCE SERVICES, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2021 OCT 19 PM 3:11  
OFFICE OF THE SECRETARY OF STATE  
CORPORATION DIVISION  
DELAWARE

FILED



  
Jeffrey W. Bullock, Secretary of State

5905051 8300

SR# 20213458518

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204356521

Date: 10-07-21

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "SECURENT RISK AND INSURANCE SERVICES, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF MAY, A.D. 2021, AT 11:34 O`CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "CERTAINTY RISK AND INSURANCE SERVICES, LLC" TO "SECURENT RISK AND INSURANCE, LLC", FILED THE FIRST DAY OF SEPTEMBER, A.D. 2021, AT 2:28 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "SECURENT RISK AND INSURANCE, LLC" TO "SECURENT RISK AND INSURANCE SERVICES, LLC", FILED THE SEVENTH DAY OF SEPTEMBER, A.D. 2021, AT 12:48 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

2021 OCT 19 PM 3:12  
SECRETARY OF STATE  
FILED



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

5905051 8100H  
SR# 20213458518

Authentication: 204356514  
Date: 10-07-21

# Delaware

Page 2

The First State

*AFORESAID LIMITED LIABILITY COMPANY, "SECURENT RISK AND  
INSURANCE SERVICES, LLC".*



  
Jeffrey W. Bullock, Secretary of State

5905051 8100H  
SR# 20213458518

Authentication: 204356514  
Date: 10-07-21

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:34 AM 05/10/2021  
FILED 11:34 AM 05/10/2021  
SR 20211673835 - File Number 5905051

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY


The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is \_\_\_\_\_  
Certainty Risk and Insurance Services, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 1209 Orange Street (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company

2021  
MAY 10 11:34 AM  
SECRETARY OF STATE  
PH 3112

FILED

By:  \_\_\_\_\_  
Authorized Person

Name: Lisa Wallace \_\_\_\_\_  
Print or Type

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: \_\_\_\_\_  
Certainty Risk and Insurance Services, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Securent Risk and Insurance, LLC

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SECRETARY OF STATE  
DELAWARE

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IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 1st day of September, A.D. 2021.

DocuSigned by:  
By: Lisa Wallace  
051437E084CE4AC

Authorized Person(s)

Name: Lisa Wallace

Print or Type

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: \_\_\_\_\_  
Securent Risk and Insurance, LLC

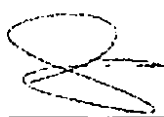
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Securent Risk and Insurance Services, LLC

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SECRETARY OF STATE  
WILMINGTON, DE

FILED

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 7th day of September, A.D. 2021.

By:   
Authorized Person(s)

Name: Lisa Wallace  
Print or Type