

M21000012524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2022 AUG 19 AM 9:2

8/22/2022



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **August 17, 2022**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1762813**

Entity Name: **ANNIEMAC RISK SOLUTIONS LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$25.00**

Signature: *David Shulman*



RECEIVED

2022 AUG 19 PM 4:18

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 18, 2022

COGENCY GLOBAL

SUBJECT: ANNIEMAC INSURANCE COMPANY LLC  
Ref. Number: M21000012524

We have received your document for ANNIEMAC INSURANCE COMPANY LLC and your check(s) totaling \$17000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 722A00018447

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

2022 AUG 19 AM 9:25

**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: ANNIEMAC INSURANCE COMPANY 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: M21000012524

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 9/20/2021

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

5. New name of the limited liability company: ANNIEMAC 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

*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.

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

David H. Freedman  
\_\_\_\_\_  
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 THAT THE SAID 'ANNIEMAC FAMILY INSURANCE COMPANY LLC' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'ANNIEMAC INSURANCE COMPANY LLC', ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2020, AT 3:53 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THE SAID 'ANNIEMAC INSURANCE COMPANY LLC' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'ANNIEMAC RISK SOLUTIONS LLC', ON THE FOURTEENTH DAY OF APRIL, A.D. 2022, AT 1:59 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'ANNIEMAC RISK SOLUTIONS LLC', IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANNIEMAC RISK SOLUTIONS LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2020.



3740862 8321  
SR# 20223310473

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

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

Authentication: 204203136  
Date: 08-19-22