

M22000011903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

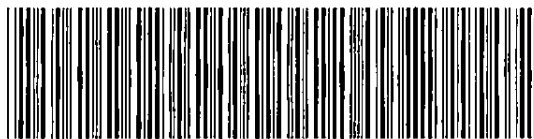
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J DENNIS

AUG 10 2023

Office Use Only



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06/21/23--01013--009 \*\*30.00

FILED  
CLERK OF STATE  
2023 JUN 21 PM 3:20

111 N RAILROAD ST  
GROESBECK, TX 76642



PHONE: 254.729.8002  
FAX: 254.729.8069

June 16, 2023

Region Code 2831

Florida Secretary of State  
Division of Corporations  
Corporate Filings  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Ref: Amendment Application for Name Change**

Dear Sir/Madam:

We are filing the following documents on behalf of **Delta Insurance Solutions, LLC**

The items checked below are enclosed.

- |                                     |                                      |                |
|-------------------------------------|--------------------------------------|----------------|
| <input checked="" type="checkbox"/> | Certificate of Amendment Application |                |
| <input checked="" type="checkbox"/> | Check # 11121 CQ- M22000011903       | Amount \$30.00 |
| <input checked="" type="checkbox"/> | Certificate of Good Standing         |                |
| <input checked="" type="checkbox"/> | Articles of Organization             |                |

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

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

Sincerely,

*Andrea O'Hare*

Andrea O'Hare  
Annals and Corporates Specialist  
Insurance Licensing Services of America, Inc.  
111 N. Railroad St  
P.O. Box 390  
Groesbeck, TX 76642  
Ph: 254.729.6131  
Fax: 254.729.8069  
Email: [aohare@ilsa-inc.com](mailto:aohare@ilsa-inc.com)

7/6/66

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Delta Insurance Solutions, 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:

Andrea O'Hare

Name of Person

ILSA

Firm/Company

111 N. Railroad St.

Address

Groesbeck, TX 76642

City/State and Zip Code

corrie@uscca.com

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

For further information concerning this matter, please call:

Andrea O'Hare

Name of Person

at ( 254 )

729-6131  
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: Delta Insurance 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: M22000011903

3. Jurisdiction of its organization: WI

4. Date authorized to do business in Florida: 7/25/2022

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

5. New name of the limited liability company: Delta Shield, 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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CLERK OF STATE  
2023 JUN 21 PM 3:20

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

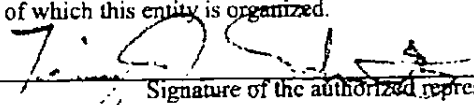
\_\_\_\_\_

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

Timothy Schmidt

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

**Filing Fee: \$25.00**

DOM  
180 181 183

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**DELTA SHIELD, LLC**

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is December 22, 2021.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212, Wis. Stats., and that it has not filed a Statement or Articles of Dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 12, 2023.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

A handwritten signature in black ink, appearing to read "Linda Anderson".

By: Linda Anderson

DOM  
180 181 183

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**DELTA SHIELD, LLC**

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is December 22, 2021.

I further certify that the following charter documents changing the entity name have been duly filed with this department, namely: Article of Organization under the name of DELTA INSURANCE SOLUTIONS, LLC effective December 22, 2021; Articles of Amendment effective April 24, 2023, changing the name to the current name DELTA SHIELD, LLC.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212, Wis. Stats., and that it has not filed Statement or Articles of Dissolution.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on May 26, 2023.

A handwritten signature in black ink, appearing to read 'Craig Heilman', written over a horizontal line.

CRAIG HEILMAN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

A handwritten signature in black ink, appearing to read 'Linda Anderson', written over a horizontal line.

By: Linda Anderson