

MZ2000014818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

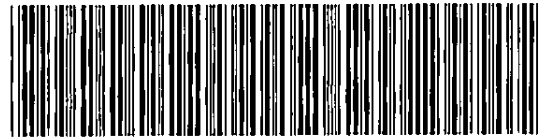
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/23/23--01011--012 **30.00

4/24/23

V.ue

2023 FEB 23 AM 8:04
CLERK OF STATE
TALLAHASSEE, FL

FILED

111 N. RAILROAD ST
GROESBECK, TX 76642



PHONE: 254.729.8002
FAX: 254.729.8069

February 14, 2023

Region Code 2859

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

The items checked below are enclosed.



Certificate of Amendment Application

Check #1000010341 Amount \$30.00

Copy of Amended Articles of Incorporation

Certificate of Good Standing

/Fictitious Name Cancellation

+ CHECK # 1000010438 \$ 60.00

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

10053

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Liberty Aura 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

egarcia@libertycompany.com

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

For further information concerning this matter, please call:

Kristie Washington

at (254) 729-6164

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

**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: Liberty Aura 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)

2023 FEB 23 AM 8:04
CLERK OF STATE
TALLAHASSEE, FL

FILED

2. The Florida document number of this limited liability company is: M22000014818

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 9/19/2022

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

5. New name of the limited liability company: Aura Risk Management & 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.

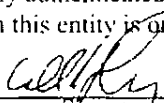
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<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

William Johnson

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

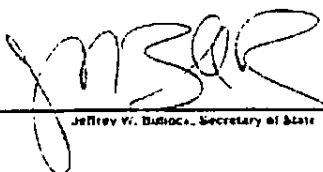
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AURA RISK MANAGEMENT & 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AURA RISK MANAGEMENT & INSURANCE SERVICES LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6960447 8300

SR# 20230569107

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202736668

Date: 02-17-23

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 "AURA RISK MANAGEMENT & INSURANCE SERVICES LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

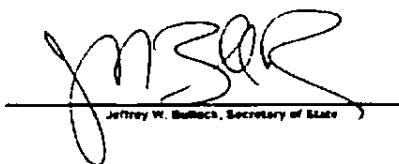
CERTIFICATE OF FORMATION, FILED THE TENTH DAY OF AUGUST, A.D. 2022, AT 1:02 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE NINETEENTH DAY OF AUGUST, A.D. 2022, AT 1:58 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "LIBERTY AURA INSURANCE SERVICES, LLC" TO "AURA RISK MANAGEMENT & INSURANCE SERVICES LLC", FILED THE SECOND DAY OF NOVEMBER, A.D. 2022, AT 1:46 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "AURA RISK MANAGEMENT & INSURANCE SERVICES LLC".




Jeffrey W. Bullock, Secretary of State

6960447 8100H
SR# 20224341496

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205160290
Date: 12-21-22

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 _____
Liberty Aura Insurance Services, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 251 Little Falls Drive _____ (street),
in the City of Wilmington, Zip Code 19808. The
name of the Registered Agent at such address upon whom process against this limited
liability company may be served is _____
Corporation Service Company

By: _____

Authorized Person

Name: Jerry Pickett, Manager

Print or Type

State of Delaware
Certificate of Merger of a Foreign Limited Liability Company
into a Domestic Limited Liability Company

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Company Act.

First: The name of the surviving Limited Liability Company is _____
Liberty Aura Insurance Services, LLC, a Delaware Limited Liability Company.

Second: The name of the Limited Liability Company being merged into this surviving
Limited Liability Company is Aura Risk Management & Insurance Services, LLC.
The jurisdiction in which this Limited Liability Company was formed is California.

Third: The Agreement of Merger has been approved and executed by both Limited
Liability Companies.

Fourth: The name of the surviving Limited Liability Company is _____
Liberty Aura Insurance Services, LLC

Fifth: The executed agreement of merger is on file at _____
15175 Springdale St., Huntington Beach, CA 92649,
the principal 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 Limited Liability
Company or any person holding an interest in any other business entity which is to merge
or consolidate.

IN WITNESS WHEREOF, said Limited Liability Company has caused this certificate
to be signed by an authorized person, this 9th day of August, A.D., 2022.

By: _____
Authorized Person

Name: Jerry Pickett, Manager
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:46 PM 11/02/2022
FILED 01:46 PM 11/02/2022
SR 20223922396 - File Number 6960447

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Liberty Aura Insurance Services, LLC

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

Paragraph 1 is deleted in its entirety and replaced with:

"1. The name of the limited liability company is
AURA RISK MANAGEMENT & INSURANCE SERVICES LLC"

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 2nd day of November, A.D. 2022.

By: 

Authorized Person(s)

Name: Patrick Coonan

Print or Type