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EXAMINER

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SECRETARY OF STATE TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO:

TO: Registration Division of C	Section Corporations		,		
SUBJECT: INSITE SUNRISE BEACH, LLC					
SOBJECT:					
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	spondence concerning this matte	r to the following:			
		Robert Wilkins Name of Person			
INSITE SUNRISE BEACH, LLC					
Firm/Company .					
1825 Main Street, Ste 235 Address					
	Weston, FL 33326				
	City/State and Zip Code				
	E-mail address: (bobw@insiteus.com to be used for future annual repor	t notification)		
For further information	on concerning this matter, please	call:			
Robert Wilkins Name of Person		at (_954_)	358-6800		
Nan	e of Person	Area Code & L	aytime Telephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
344	H ING ADDRESS	CTD PPT/C/C	NUMBER ARRIVES		
MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executi Tallahassee, l	ve Center Circle FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSITE	SUNRISE BEACH, LI	LC	
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	 _
The Articles of Organization for this Limited Liabi	lity Company were filed on	05/20/2009	and assigned
Florida document numberL090004922			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
		<u> </u>	<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
B. If amending the registered agent and/or		our records, enter t	he name of the new
registered agent and/or the new registered office	<u>address here</u> :		09 SE
Name of New Registered Agent:			SEP T
New Registered Office Address:			SS 5 F
	En	ter Florida street addi	E B C
· -	City	, Florida	ZE C

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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> **Address** MGR 1825 Main Street ✓ Add Ste 235 Remove Weston, FL 33326 Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 15, 2009. Signature of a member or authorized representative of a member Robert Wilkins Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00