

LD 000035170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

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(Business Entity Name)

(Document Number)

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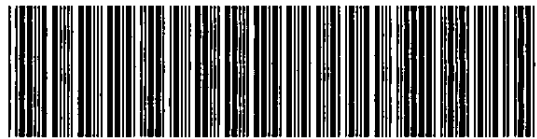
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MAY 18 2010

EXAMINER



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05/17/10 -01035 -005 **25.00

10 MAY 17 AM 7:09
SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSIGHT INVESTMENT GROUP OF BRADENTON L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LALU PATEL

Name of Person

INSIGHT INVESTMENT GROUP OF BRADENTON L.L.C.

Firm/Company

4611 IVERY DRIVE SUIT 200

Address

MACON GA 31206

City/State and Zip Code

LOUPATEL1@YAHOO.COM

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

For further information concerning this matter, please call:

LALU PATEL

Name of Person

at (478)

9194611

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INSIGHT INVESTMENT GROUP OF BRADENTON L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/31/2010 and assigned
Florida document number L10000035170.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INSIGHT INVESTMENT GROUP OF BRADENTON L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4611 IVERY DRIVE SUIT 200

MACON GA 31206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4611 IVERY DRIVE SUIT 200

MACON GA 31206

B. If amending the registered agent and/or registered office 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:

LALU PATEL

New Registered Office Address:

625 S TAIMAIAMI TRALS

Enter Florida street address

NOKOMIS

, Florida

32475

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LALU PATEL	4611 IVEY DRIVE SUITE 200 MACON GA 31206	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LOU PATEL	4611 IVEY DRIVE SUITE 200 MACON GA 31206	<input type="checkbox"/> Add <input checked="" 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____,



Signature of a member or authorized representative of a member

LALU PATEL

Typed or printed name of signee