L1000097456

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UNEO 9 2014

J. BRUCE



June 27, 2014

BRUCE MOSCHELLA 10671 SW 7TH ST PEMBROKE PINES, FL 33025

SUBJECT: GLOBAL INSIGHT CONSULTING LLC

Ref. Number: L10000097456

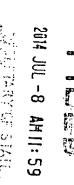
We have received your document for GLOBAL INSIGHT CONSULTING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 014A00014072



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: *Global Insight Consulting LLC

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:

Bruce Moschella

Name of Person

Global Insight Consulting LLC

Firm/Company

10671 SW 7th st

Address

Pembroke Pines, FL. 33025

City/State and Zip Code

bruce.moschella@gmail.com

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

For further information concerning this matter, please call:

Bruce Moschella

Name of Person

...954,732-0195

rea Code Daytime Telephone Numl

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

Global Insight Consulting I			
(Name of the Limit	ed Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Life Florida document number L10000097456	ability Compan	y were filed on 09/15/2010	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
The new name must be distinguishable and end with the	words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	TADDRESS)		
			8 - 1 W
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	m - P
			5° 5 C
		-	- 第 00
B. If amending the registered agent and/ registered agent and/or the new registered of		•	enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
		, Flori	
		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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MOSCHELLA, BONETTE	10671 SW 7TH ST STE 1801 PEMBROKE PINES, FL 3302	5 □ Add
			Remove
			
			□ Remove
			Add
			_□ Remove
			Add
		-	-8 PH
			□ Remove
			_ _□ Add
			_□ Remove

If amending any other information, enter		•
		-
·		
Effective date, if other than the date of fili The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departn	date of receipt or filed date and cannot be more than 90 days	ional) after
The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departm	date of receipt or filed date and cannot be more than 90 days	i onal) after
	date of receipt or filed date and cannot be more than 90 days lent of State)	ional) after

Page 3 of 3

Filing Fee: \$25.00

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