

L10000/28265

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(City/State/Zip/Phone #)

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2011 JUL -6 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL -7 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Insight Investment Group of South FL 6 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:

Jamie Garner

Name of Person

Insight Investment Group of South FL 6 LLC

Firm/Company

7900 NW 27th Ave F12

Address

Miami FL 33147

City/State and Zip Code

2155952@gmail.com

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

For further information concerning this matter, please call:

Jaime Garner

Name of Person

at (941)

875-1943

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

FILED

2011 JUL -6 AM 11:21

Insight Investment Group of S FL 6 LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/15/2010 and assigned
Florida document number L10000128265.

This amendment is submitted to amend the following:

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

N/A

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:

7900 NW 27th Ave

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33147

Enter new mailing address, if applicable:

Same as above

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jamie Garner

New Registered Office Address:

7900 NW 27th Ave F12

Enter Florida street address

Miami

City

, Florida

33147

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.

Jamie Garner
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	Nuwan Perera	7900 NW 27th Ave Miami FL 33147	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jamie Garner	7900 NW 27th Ave Miami FL 33147	<input checked="" 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

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

Nuwan Perera

Typed or printed name of signee

2011 JUL -6 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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