## #/2000005598

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MAY 3 - 2013 N. CAUSSEAUX

## **COVER LETTER**

TO: Registration Section
Division of Corporations

URIECT: CXM Insight 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:

Curtis W. Carlson

Name of Person

**CXM** Insight LLC

Firm/Company

4750 Dolphin Cay Ln. S. #209

Address

Saint Petersburg, FL 33711

City/State and Zip Code

curt.carlson@cxminsight.com

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

For further information concerning this matter, please call:

Curtis W. Carlson

<sub>a</sub>,727,329-8005

Name of Person

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

CXM Insignt LLC		
( <u>Name of the Limited Lia</u> i (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number L1200005598	ity Company were filed on Janua	ry 12, 2012 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	Florida street address
_	City	, Florida Zip Code
	~··· <i>y</i>	esp cour

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 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>	Name	Address	Type of Action
MGRM	Susan B. Carlson	4750 Dolphin Cay Ln. S., #209	Add
		Saint Petersburg, FL 33711	Remove
			<del>-</del>
			Add
			Remove
			_
			_ Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Kemove

	Inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Change Curtis W. Carlson Percentage Interest from 100% to 80%
5	Susan B. Carlson Percentage Interest to be 20%
Dated Ap	ril 29 2013
	Signature of a member or authorized representative of a member
	Curtis W. Carlson
	Typed or printed name of signee

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Filing Fee: \$25.00