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SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE
AUG 3 0 2012
EXAMINER

COVER LETTER

Division of Co.	rporations		b .		•
SUBJEĆT:	FUNDAMEN	NTAL INSIGHT, LL	.c		
-	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		WILLIAM SMITH		_	
		Name of Person			
	DME	STUDIOS DAYTONA	, LLC		
		Firm/Company		_	
	24	41 BELLEVUE AVEN	UE		
		Address		_	
	DAY	TONA BEACH, FL 32	2114	– 5 0 -	
		City/State and Zip Code		SECTION A	
		AM@DMESTUDIOS. (to be used for future annual rep		AUG : CRETA LAHA	<u></u>
For further information	concerning this matter, please		Son Houricanon,	329 PM TARY OF CLASSEELFI	AND FILED
	LLIAM SMITH	at (_386_)	371-3095	2: 3	₩.
Name	of Person	Area Code &	& Daytime Telephone Numb	er 5 =	
	er e				
Enclosed is a check for	the following amaint:				
\$25.00 Filing Fee	\$30.00' a uning Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is	Certific enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

<u> </u>	<u>NTAL INSIGHT, L</u>	LC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appea mited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Co Florida document numberL12000084366	empany were filed on	06/27/2012	and assign	ed	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ed liability company he	re:			
The new name must be distinguishable and end with the word "L.L.C."			LC" or the abbr	reviation	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)				
			()	72	
			ARE AH	<u>}</u>	
Enter new mailing address, if applicable:			ا نحثه دس	29 ⊒ 2	· -
(Mailing address MAY BE A POST OFFICE BOX)			MG :		5
				<u>ห</u> ง	1
				ند	
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, enter t	he name of t	he new	
Name of New Registered Agent:					
New Registered Office Address:		771 11 1	<u> </u>		
	Enter Florida street address				
		, Florida			
	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.

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 **Type of Action** <u>Address</u> Title **Name MGRM** GUTTER PRO USA ☐ Add 913 22ND STREET PL SE HICKORY NC 28602 US Remove CITATION HOLDINGS LL MGRM **✓** Add 540 EAST PLAZA DRIVE ☐ Remove MOORESVILLE NC 28117 Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member **WILLIAM SMITH** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00