

L1200000843466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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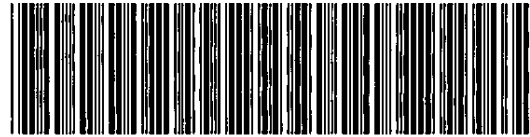
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 30 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FUNDAMENTAL 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:

WILLIAM SMITH

Name of Person

DME STUDIOS DAYTONA, LLC

Firm/Company

2441 BELLEVUE AVENUE

Address

DAYTONA BEACH, FL 32114

City/State and Zip Code

WILLIAM@DMESTUDIOS.COM

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

For further information concerning this matter, please call:

WILLIAM SMITH

Name of Person

at (**386**)

371-3095

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FUNDAMENTAL INSIGHT, LLC

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TALLAHASSEE, FLORIDA

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	GUTTER PRO USA	913 22ND STREET PL SE HICKORY NC 28602 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CITATION HOLDINGS LLC	540 EAST PLAZA DRIVE MOORESVILLE NC 28117	<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 August 27, 2012

W Smith

Signature of a member or authorized representative of a member

WILLIAM SMITH

Typed or printed name of signee

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