L12 000140502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400261624594

07/01/14--01009--006 **25.00

14 JUL -1 PM 2:33

TALLAHASSEE, FLORIDA

J. Silvera JUL 02 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Insite Renewable Energy, 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:

Wyatt Sanders
Name of Person

Insite Renewable Energy, LLC
Firm/Company

1380 Mayberry Lane
Address

Jacksonville, Florida 32221
City/State and Zip Code

wyttsndrs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wyatt Sanders at (561) 6026605
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

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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. ***Effective*** **date, if other than the date of filing: _____ (optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/27/2014, _____.

Wyatt Sanders
Signature of a member or authorized representative of a member

Wyatt Sanders
Typed or printed name of signee

Filing Fee: $25.00

14 JUL -1 PM 2:53
TALLAHASSEE, FLORIDA