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SECRETARY OF STATE

JUL - 5 2013 J. BRYAN

### **COVER LETTER**

· TO:

Registration Section Division of Corporations

SUBJECT:

Insignia 360 Construction Group 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:

## Ronald Rover

Name of Person

Insignia 360 Construction Group LLC

Firm/Company

500 Tanca Street, Suite #209

Address

San Juan, Puerto Rico 00901

City/State and Zip Code

ronrover @aol.com

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

For further information concerning this matter, please call:

# Ronald Rover

**,,,787,724-4144** 

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

Insignia 360 Construction Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company	were filed on Janua	ry 1, 2013 and assigned
Florida document number L12000161186			
This amendment is submitted to amend the followard.  A. If amending name, enter the new name of the n/a	J	lity company here:	TALLAHASSEE
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,	the designation "LLC" of the abbreviatio
Enter new principal offices address, if applica	ble:	n/a	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	n/a	
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter the name of the nev
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter I	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 **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** Juan Carlos Cacciamani 5858 SW 81 Street, Miami- FL 33143 Remove Remove Remove Remove

The new member	rmation, enter change(s) here: <i>(Attach additional sheets, if neces</i> , er Juan C. Cacciamani, has 10% ownership of thi
une 18	2013
lune 18	, 2013
June 18	2013
\$	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

FILED
2018 JUL -3 AM II: 5.1
SECRETARY OF STATE