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## **COVER LETTER**

TO:	Registration Sec Division of Corp		<b>,</b>	
SUBJE	Carissa Gibl	in L.L.C		
		Name of Limit	ted Liability Company	
The en	closed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	dence concerning this matter t	o the following:	
		Carissa Gudenkauf		
		- · · ·	Name of Person	
		Carissa Giblin LLC		
			Firm/Company	<del></del>
		8903 Hannigan Court		
			Address	
		Tampa, FL 33626		
		•	City/State and Zip Code	<del></del>
		carissa@keyinsighteonsultin		
		E-mail address: (t	o be used for future annual report notif	ication)
For fur	ther information co	ncerning this matter, please ca	11:	
Carissa	a Gudenkauf		813 684-3979 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$25 No	5.00 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

Carissa Giblin LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records. Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 3/29/2017	and assigned
Florida document number 1.17000071059	<u>-</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
KeyInsight Consulting LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 19 APR -S AMII ECRETARY OF ST IT AHASSEE, FEO
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the inage of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<del>AMB</del> R	Scott Gudenkauf	8903 Hannigan Contrt, Tampa, FL 33626	
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			□ Remove
			19e SEChange ALL MHA
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Note: If the date inserted in this	4/1/2019 12:01 am ne date of filing:  must be specific and cannot be prior to date of the block does not meet the applicable statut Department of State's records.	tory filing requirements, this	iling.) Pursuant to 605	5,0207 (3 ed as th
the record specifies a delay ) The 90th day after the re	ed effective date, but not an effectord is filed.	ective time, at 12:01 a.	m. on the earlie	er of:
Dated April 1	) / / . 2019			
<u>- (-0~(i</u>	Signature of a member of authorized repre	esentative of a member		

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Filing Fee: \$25.00