

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.  
Account Number : I20090600024  
Phone : (518) 229-8228  
Fax Number : (302) 371-9850

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jerry@diversifiedcorp.co  
m

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INSIGN SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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November 6, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INSIGN SOLUTIONS LLC  
4400 NORTH FEDERAL HIGHWAY  
SUITE 210-29  
BOCA RATON, FL 33431US

SUBJECT: INSIGN SOLUTIONS LLC  
REF: L17000138848

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H17000290285  
Letter Number: 717A00022415

2017 NOV -6 PM 5:49

((H17000290285 3))

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: INSIGN SOLUTIONS LLC

**SECOND:** The Florida Document number of the limited liability company is: L17000138848

**THIRD:** Document to be corrected is: ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: IN ARTICLE II, THE SUITE NUMBER WAS STATED INCORRECTLY IN THE STREET ADDRESS OF THE PRINCIPAL OFFICE AND THE MAILING ADDRESS AND IS CORRECTLY STATED AS FOLLOWS:

4400 NORTH FEDERAL HIGHWAY, SUITE 25, BOCA RATON, FL 33431, US

IN ARTICLE III, THE WORD "STATUTES" WAS SPELLED INCORRECTLY AND THE LIMITED LIABILITY PROVISION IS HEREBY CORRECTED AS FOLLOWS:  
THE LIMITED LIABILITY COMPANY, TO THE FULLEST EXTENT PERMITTED UNDER FLORIDA STATUTES, AS THE SAME MAY BE AMENDED AND/OR SUPPLEMENTED, FROM TIME TO TIME, SHALL INDEMNIFY ANY AND ALL PERSONS QUALIFIED TO BE INDEMNIFIED PURSUANT THERETO.

IN ARTICLE V, THE ADDRESS OF THE PERSON AUTHORIZED TO MANAGE THE LLC WAS INCORRECTLY STATED AND IS HEREBY CORRECTED, AS FOLLOWS:

TITLE: AMBR  
ERGUN T. CAKIR  
3205 NW 62ND STREET  
BOCA RATON, FL 33491, US

**OR**

- ☐ The electronic transmission of the record was defective.

s/ ERGUN T. CAKIR, AMBR

NOVEMBER 03, 2017

Signature of Authorized Representative

Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

Registered Agent's Signature

Filing Fee:  
Certified Copy:

\$25.00  
\$30.00 (optional)

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