117000 193242

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COVER LETTER

TO: Registration Se Division of Cor		$\hat{m{J}}$	
SUBJECT: True	Insight, LL	nited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
		Pegg Name of Person	
	True Insid	ght, LLC Firm/Company	
	15915 Count	ry Farm Pl. Address	
	Tampa, FI	33624 City/State and Zip Code	
		4 @gmull - Com lobe used or future annual report notif	ication)
For further information ed	oncerning this matter, please ca	all:	
Meraya Pca	6 Ferson	at (813) 746- Area Code Davtime	5406 Telephone Number
		·	·
Enclosed is a check for th	e 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

FILED

True Insight, LLC	2019 JAN 25 AM 9: 54
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records:): TATE Liability Company) TALL AMASSEE FI
The Articles of Organization for this Limited Liability Company	were filed on $9/18/17$ and assigned
Florida document number <u>LI 7000 93242</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
Digital Indy LLC The new name must be distinguishable and contain the words "Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words".	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	15915 Country tarm PI
(Principal office address MUST BE A STREET ADDRESS)	15915 Country Farm P1. Tampa, F2 33624
Enter new mailing address, if applicable:	Same
(Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	;
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Name Danish and Associate Control of the Control	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 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

or removed	g Authorized Person(s) authorized to n from our records:		
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			Add
			□Remove
			Change
			Remove
			☐ Change
			□ Add
			Remove
			□ Change
			Remove
			Change
			Add
			Remove
			Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>
	_
fective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th The 90th day after the record is filed.	e earlier of
Maya Pag Meraya Pag Typed or printed name of signee	
Signapore of a member or authorized representative of a member	
Merala Porc	

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Filing Fee: \$25.00