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SECRETARY OF STATE DIVISION OF COMPORATIONS

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# **COVER LETTER**

TO:	Registration of	on Section f Corporations	
Jan 185 Ed	1 C/D	nt Solutions, LLC	
SUBJ	oci:	Name of Limited Liability Company	<b>*</b> -*
The en	closed Article	es of Amendment and fee(s) are submitted for filing.	
Please	return all cor	rrespondence concerning this matter to the following:	
		Edward Mills	
		Name of Person	
		Insight Solutions, LLC	
		Firm/Company	
		3317 Heron Drive North	
		Address	
		Jacksonville Beach, FL 32250	
		City/State and Zip Code emills0487@gmail.com	
		E-mail address: (to be used for future annual report notification)	
For fur	ther informat	tion concerning this matter, please call:	
Edwa	d Mills	904 246-0812 at ( )	
	Na	at () ame of Person Area Code Daytime Telephone Number	
Enctos	ed is a check	for the following amount:	
= \$2 //0 -AM	9.00 Filing Fo	Certificate of Status    \$55.00 Filing Fee & Certificate of Status   \$60.00 Filing Certificate of Certificate o	of Status &
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## 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

Insight Solutions, 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 Liability Company were filed on \_\_\_\_\_02/14/2018 and assigned Florida document number \_\_\_\_\_L18000040717 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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.

City

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Edward Mills	3317 Heron Drive North	
		Jacksonville Beach, FL 32250	Remove
			Change
MGR	Edward Mills	3317 Heron Drive North	Add
		Jacksonville Beach, FL 32250	Remove
			□ Change
MGR	Lisa Mills	3317 Heron Drive North	
		Jacksonville Beach, FL 32250	Remove
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Filing Fee: \$25.00