## 118000109741

(Re	equestor's Name)	
— (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations		
Conley Insig	hts LLC		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspor	ndence concerning this matter to	the following:	
	Dawn S Conley		
		Name of Person	
		Firm/Company	
	20323 98th PL		
		Address	
	Live Oak, FL 32060		
		City/State and Zip Code	
	frank.conley77@gmail.com	o be used for future annual report notifi	cation)
			•
For further information of	concerning this matter, please ca	dl:	
Dawn S Conley		954 812-8343 at () Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Conley Insights LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) .imited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000109741	mpany were filed on May 1, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	led Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, <u>en</u> t <u>ess here</u> :	ter the name of the nev
Name of New Registered Agent:		<del>- 美</del> 力
New Registered Office Address:	Enter Florida street address, Florida	IS AH III
-	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

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	<u>Address</u>	Type of Action
AMBR	Charles F Conley	20323 98th PL Live Oak, FL 32060	■ Add
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective e 90th day after the record is filed.	e time, at 12:01 a.m. on the earlie
ed May 15 2018	
2	

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Filing Fee: \$25.00

Typed or printed name of signee