L19000141071

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COVER LETTER

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our inc	WJM Insigl		¥	
SUBJEC	CT:	Name of Lim	ited Liability Company	<u>·</u>
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Omari L Jones		
		WJM Insights LLC	Name of Person	
		4868 Tangerine Ave	Firm/Company	
			Address	
		Winter Park, FL 32792		
		wjminsights@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
Omari L			636 735-0733	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.6	00 Filing Fee	S30.00 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:

TO:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WJM Insights LLC					
(Name of the Limi	<u>ted Liability Co</u> (A Florida Lim	mpany as it now appears on our record ited Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited L Florida document number L19000141071	iability Comp	pany were filed on May 28, 2019	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited	liability company here:			
he new name must be distinguishable and contain the v	vords "Limited I	Liability Company," the designation "LLC	" or the abbrevia on "L.L.C."		
Enter new principal offices address, if applic	able:	N/A			
Principal office address MUST BE A STREE	ET ADDRESS	<u> </u>	20		
Enter new mailing address, if applicable:		N/A	R 10 2		
Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered or	ffice address		s, enter the name of the		
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street address , Florida			
		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>	<u>Name</u>	Address	Type of Action
MGR	Omari L. Jones	4868 Tangerine Ave Winter Park, FL 32792	⊟ ∧dd
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ective date, if other the effective date is listed, the eg: If the date inserted in ument's effective date or	late must be specifi this block does	ic and cannot he pr not meet the app	licable statutory	or more than 90 day	optional) s after filing.) Pursu s, this date will n	ant to 605,020 of be listed a
record specifies a do ne 90th day after th	elayed effecti ne record is fil	ve date, but r led.	not an effecti	ve time, at 12:	01 a.m. on th	ie earlier d
June 17		, 2019				
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	Signature	of a member or au	tharized concherent	24472 0 0 0 0000000000000000000000000000		

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Filing Fee: \$25.00