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(R∈	equestor's Name)	
(Ad	idress)	_
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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Tallahassee, FL 32314

TO:

	egistration Se ivision of Cor			
erin in eu		iness Resources, LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are subt	nitted for filing.	
		ndence concerning this matter		
		Rebecca Graham		
			Name of Person	
		Insight Business Resources	, LLC	
			Firm/Company	
		5419 90th Ave Cir E		
			Address	
		Parrish, FL 34219		
		InsightFinancialllc@gmail.c E-mail address: (1	City/State and Zip Code com info@insightle co be used for future annual report noti	business resources.com
For further	r information c	oncerning this matter, please ca	all:	
Rebecca C	Graham		727 452-0564	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 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)
	lailing Addres Registration S		Street Address: Registration Se	ction
Ľ	Division of C	Corporations	Division of Cor	rporations
l'	O. Box 632	. /	The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited l	inv as it now appears on our i Liability Company)	ecords.)		
The Articles of Organization for this Limited Laboratorial Illumination Illuminatio	Liability Company	were filed on 11/2 2 /2019		and assig	gned
his amendment is submitted to amend the fol	lowing:				
a. If amending name, enter the new name of	of the limited liab	oility company here:			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LI.C" or the abbrev	iation "L.L	.C."
nter new principal offices address, if appli	cable:	970 Lake Carillon Dr		_ ^ ->	
Principal office address MUST BE A STREET ADDRESS)		Suite 300			37.4
		St. Petersburg, FL 33716		MAR); ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
				30	23.
nter new mailing address, if applicable:		970 Lake Carillon Dr		P	<u></u>
Mailing address MAY BE <u>A POST OFFICE BOX)</u>		Suite 300		٠.	-77 -12-
		St. Petersburg, FL 33716		5.4	
If amending the registered agent and/or tent and/or the new registered office address. Name of New Registered Agent:			enter the name of	the new	registo
970 Laka Carillon Dr. Suita 200					
New Registered Office Address:		Enter Florida street	address		
	St. Petersburg		_, Florida 33716		
		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 Insight Financial, LLC	5419 90th Ave Cir E	□Add	
	Parrish, FL 34219	■Remove	
			□ Change
MGR	MGR Rebecca Graham	970 Lake Carillon Dr	■Add
		Suite 300	□Remove
		St. Petersburg, FL 33716	□Change
MGR	MGR Michael Manies	970 Lake Carillon Dr	■Add
		Suite 300	□Remove
		St. Petersburg, FL 33716	Change
MGR	MGR Adam Borgman	970 Lake Carillon Dr	■Add
		Suite 300	□Remove
		St. Petersburg, FL 33716	Change
		□Add	
		□Remove	
			□Change
		□ Add	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		□ Change	

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effect	ive date, if other than the date of filing: 03/24/2020 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	March 24, 2020. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Rebecca Graham
	Typed or printed name of signee

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Filing Fee: \$25.00