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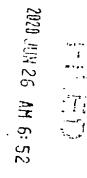
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Office Use Only



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S. YOUNG

COVER LETTER

Insight Business Resources, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Rebecca Graham Name of Person Insight Business Resources, LLC Firm/Company 5419 90th Avenue Cir E Address Parrish, FL 34219 City/State and Zip Code info@insightbusinessresources.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rebecca Graham Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Insight Financial, LLC | | | |
|--|---|--------------------------------|--|
| (Name of the Limited Liability C. (A Florida Lin | ompany as it now appears on nited Liability Company) | n our records.) | ; = |
| | | | JUH 2 |
| The Articles of Organization for this Limited Liability Comp | pany were filed on $\frac{11/22}{1}$ | 2019 | and assigned: |
| Florida document number L19000289812 | | | 3 A 14 |
| | | | and the second of the second o |
| This amendment is submitted to amend the following: | | | 52 |
| A. If amending name, enter the new name of the limited | liability company here: | ; | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the desig | gnation "LLC" or t | he abbreviation "L.L.C." |
| . Enter new principal offices address, if applicable: | | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRES | <u>s) </u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u></u> | | |
| intaining address with BETT OST OF THE BOTT | | | |
| | | | <u> </u> |
| B. If amending the registered agent and/or registered of | ffice address on our reco | ords, <u>enter the</u> | name of the new registered |
| agent and/or the new registered office address here: | | | |
| | | | |
| Name of New Registered Agent: | | = | |
| N. D. Land Office Address. | | | |
| New Registered Office Address: | Enter Florida | street address | |
| | | , Florid | 2 |
| | City | , 1 101 104 | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Agent's Age | gent: | | |
| I hereby accept the appointment as registered agent and | | navity I furtha | r garee to comply with the |
| provisions of all statutes relative to the proper and comp | r agree to act in this cap plete performance of my | v duties, and I | am familiar with and |
| accept the obligations of my position as registered agen | it as provided for in Cha | apter 605, F.S. | Or, if this document is |
| being filed to merely reflect a change in the registered of | office address, I hereby o | co <mark>nfirm that t</mark> h | e 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 | Adam Borgman | 970 Lake Carillon Dr | |
| | | St. Petersburg, FL 33716 | _ |
| | | | □ Change |
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