L20000111846

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S. PRATH.

COVER LETTER

TO: Registration Solution of Col			
	dated LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Leticia Filing		
		Name of Person	
	ZenBusiness Inc.		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	336 E. College Ave. Suite	301	
		Address	
	Tallahassee Fl, 32301		
		City/State and Zip Code	
	compliance@zenbusiness.co	om to be used for future annual report no	Alfantina V
For further information of	concerning this matter, please c	•	nincation)
Leticia C/O ZenBusiness Inc.		844 493-6249	
Name o	of Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Mailing Addre		Street Address:	ection
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JL Consolidated LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reconnited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on (04/24/2020)	and assigned
Florida document number L20000111846		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
JL Insight Solutions LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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)		
B. If amending the registered agent and/or registered off	fice address on our records, ente	or the name of the new registers:
agent and/or the new registered office address here:	nee address on our records, <u>ente</u>	The name of the new registerer
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		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

Page 1 of 3

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 Title Address **Type of Action** <u>Name</u> _____ □Change □Remove ______ Change ______ ___ ___ □Change _____ □Remove _____ □Change

Page 2 of 3

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	lune 26	2024	
		Jorge Solares	· 22
ated _			
ated ₋	Signate	re of a member or authorized representative of a member	
ated ₋	Signatu Jorge Jesus Solares JR		2024 JUL 11 FA 6:

Filing Fee: \$25.00