

L210000 18302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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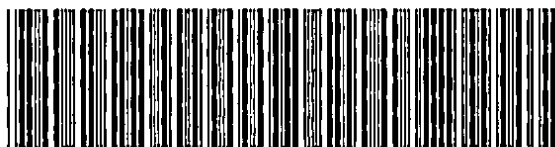
(Business Entity Name)

(Document Number)

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2021 FEB -1 AM 11:58

FILED

78 3/13/21

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: INSANE CAPITAL LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL J BROWN
Name of Person
MARTINBROWN PLLC
Firm/Company
PO BOX 11000
Address
NAPLES, FL 34101
City/State and Zip Code
DAN@MARTINBROWNCPAS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL BROWN 239 254-8306
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 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 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**

INSANE CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 01/06/2021 and assigned
file number L21000018302.

This amendment is submitted to amend the following:

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

C/O MARTINBROWN PLLC

Principal office address MUST BE A STREET ADDRESS

3411 TAMiami TRAIL NORTH STE 201

NAPLES, FL 34103

Enter new mailing address, if applicable:

MARTINBROWN PLLC

Mailing address MAY BE A POST OFFICE BOX

PO BOX 11000

NAPLES, FL 34101

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

R = Manager

BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
BR	MARIA D MONTALVO	280 35TH AVE NE	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
ABR	JESSICA A MONTALVO	280 35TH AVE NE	<input type="checkbox"/> Add
		NAPLES, FL 34120	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
AMBR	DANIEL J BROWN	PO BOX 11000	<input checked="" type="checkbox"/> Add ✓
		NAPLES, FL 34101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Filing Fee: \$25.00