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## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	Jemerado Rea Name of Line	Ity, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Jenn	Fer Mercado Name of Person	<del></del>
		Firm/Company	
	<u> </u>	AUTO Ave.	
	west	Palm Beach, FL 33 City/State and Zip Code	413
	E-mail address: (1	nt mercudo (a) gmadico o be used for future annual report notifi	COM)
For further information	on concerning this matter, please ca	dl:	
	me of Person	at (347) U24-4 Area Code Daytime	718
		And Code Dayling	retephone (value)
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	e S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	tion.
Registration O	on Section of Corporations	Registration Sec Division of Corp	
P.O. Box (	<u>-</u>	The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC.Mercado,	Realty, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company v	vere filed on 03/05/2021	and assigned
riorida document number <u>L 2 1000 100 136 a</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Insightful Med	dia, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	4658 ALISO Ave	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Bea	h, FL 33413
Enter new mailing address, if applicable:	same as above	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		of the new registered
	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 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
			\ \ \ \ \
			□Remove
			☐ Change
<del></del>			□Add
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			Change
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		<del></del>	□ Remove
			□Change
			□Add
		□Remove	
			□Change
		□Remove	
			□Change
		□Add	
			□Remove
			□Change

Note	rtive date, if other than the date of filing:
the reco	ord 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 filed.
Date	January 3 <sup>rd</sup> . 2022.
	ana Anusle
	Signature of affirember or authorized representative of a member  Jennifer Mercado

Filing Fee: \$25.00