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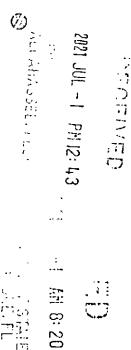
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COVER LETTER

TO:

TO: Registration S Division of Co		
INSIGHT	INVESTOR, LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	AZUREDE ROSS	
		Name of Person
	MERIDIAN PARTNERS	LAW P.A.
		Fitm/Company
	4923 W. CYPRESS STRE	EET
		Address
	TAMPA, FL 33607	
	SACHIN@ALNIKACAP.C	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	all:
AZUREDE ROSS		813 443-5260
Name of Person		Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy tadditional copy is enclosed
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	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 INVESTOR, ELC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records. Liability Company))	
The Articles of Organization for this Limited Liability Company	were filed on 6/22/2021	a	ind assigned
lorida document number L21000290195			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabi	lity company here:		
VC ALNIKA, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC"	or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		_	
The same of the sa		-	
		 -	_
Inter new mailing address, if applicable:		<u></u>	
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office a	ddress on our records, enter th		an now vonice
gent and/or the new registered office address here:	and the one of the order of	ic name of (ic new regist
			•
Name of New Registered Agent:		inger ZZ	
-		CHEST STATE	- Second
New Registered Office Address:		7 - 0	·
	Enter Florida street address)
	, Flor	ida	
	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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than	is block does not mee	t the applicable stat	f filing or more than 90 outory filing requirem	_ (optional) days after filing.) Pursuant to 60 ents, this date will not be lis)5.0207 (3 sted as th
If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	ne Department of Stat	e a records.			
Note: If the date inserted in th	ne Department of State		2:01 a.m. on the earli	er of: (b) The 90th day afti	er the
document's effective date on the date of t	ne Department of Stati		2:01 a.m. on the earli	er of: (b) The 90th day afti	er the
Note: If the date inserted in the document's effective date on the record specifies a delayed efford is filed.	ne Department of State	effective time, at 1	2:01 a.m. on the earli		er the

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