

L22 000 176 994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

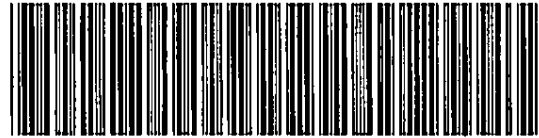
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*[Signature]*



200392777832

08/30/22--01009--025 \*\*\$0.00

22 AUG 30 AM 10:29  
DIVISION OF COURT CLERKSHIP  
COURT CLERK OF SUPERIOR COURT

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: INSIGNIA CRE, LLC

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:

JOHN R. SAMAAAN, ESQUIRE

Name of Person

JOHN R. SAMAAAN, P.A.

Firm/Company

1600 E. ROBINSON STREET, SUITE 100

Address

ORLANDO, FLORIDA 32803

City/State and Zip Code

neil.sherman@insigniacre.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN R. SAMAAAN, ESQUIRE

Name of Person

407 740-0500  
at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

22 AUG 30 AM 10:29

RECEIVED  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INSIGNIA CRE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/13/2022 and assigned  
Florida document number 1.22000176994.

This amendment is submitted to amend the following:

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

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. 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

\_\_\_\_\_, 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**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	OSBORNE, RONALD W	3730 OTTAWA LANE	<input type="checkbox"/> Add
		COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HUMRIGHOUSE, WILLIAM R.	327 FARNHAM P	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHERMAN, ROCIO	2200 E. CAMELBACK ROAD, SUITE 101	<input type="checkbox"/> Add
		PHOENIX, AZ 85016	<input checked="" 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

22 AUG 30 AM 10:29

RECEIVED  
DIVISION OF REGISTRATION

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

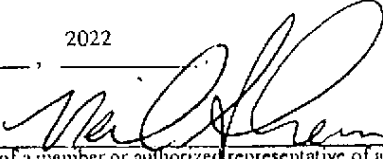
FEI/EIN Number 88-3572384

22 AUG 30 AM 10:29  
DEPT OF STATE  
DIVISION OF CORPORATION

E. Effective date, if other than the date of filing: 08/12/2022 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

If the record 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 record is filed.

Dated August 12, 2022

  
Signature of a member or authorized representative of a member

Neil Sherman  
Typed or printed name of signee

Filing Fee: \$25.00