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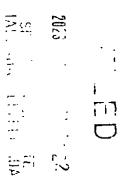
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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: Insight Realty Name of Limited	Network LLC Liability Company	
The enclosed Articles of Amendment and fec(s) are submitt	ted for filing.	
Please return all correspondence concerning this matter to the	he following:	
Kimberly The Vision	Armstrong Name of Person Team Firm/Company	
10445 Upto	Address	
Spring Hill	FL 39608 City/State and Zip Code	1AL
Vi510n+00mC E-mail address: (to be	Palestate and Lip Code Palestate and Lip Code c used for future annual report notification)), COVY
For further information concerning this matter, please call:	~	
Kimberly Armstrong	at (352) 238 05 (o) Area Code Daytime Telephone Nur	mber
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ificate of Status & fied Copy ional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit	te 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	Tula 13 20 2 2nd assigned
	300 graph assigned
Florida document number <u>L 32000 311345</u>	
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	
Enter new principal offices address, if applicable:	20/23
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
<u></u>	-
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
D. 16	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new registered
"	
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
AMBR	Tramberly Armstror	5 10445 Upton St	🗆 Add
	, and the second	Spring Hill FL 34608	
			□Change
AMOR	Britany Armstran	Spring Hill FL 34008	Thdd
	7	Spring Hill FL 34001	Remove
			Change
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more to the Note: If the date inserted in this block does not meet the applicable statutory filing reddocument's effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 60 quirements, this date will not be lis	05.020 sted a:
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the rd is filed.	he earlier of: (b) The 90th day aft	er the
Dated $\frac{1}{1}$, $\frac{2023}{1}$.		