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(Red	questor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	

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COVER LETTER

NDivision of Corpo					
SUBJECT: GG	INSIGHTS LL	.C			
30111CT	Name of Lim	ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
	GRE	G GREENHALGH Name of Person		_	
	AG INS	SIGHTS LLC Firm/Company		_	
	19751. 0	SEATE DRIVE		20 21	
		Address		- DATE	٠.,
	LUTZ, FL	33558		= 12.	 :
	AGINSIGHT	33558 City/State and Zip Code 5 LLC O GMAIL. to be used for future annual report noti	Com	DDD APR 17 FN 3:58	-
			lication)	<u>မှာ</u> မေ	
For further information con	cerning this matter, please co	all:			
GREG GR	EENHALGH	at (<u>989</u>) <u>408 –</u> Area Code Daytim	6505 e Telephone Numbe		
Name of Pa	erson	Area Code Dayimi	e Telephone Numbe	T	
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)	Certified	ate of Status &	
Mailing Address:		Street Address:			

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

GG INSIGHT	S LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our r Florida Limited Liability Company)	<u>(cords.)</u>
The Articles of Organization for this Limited Liab	ility Company were filed on <u>Jucy 1</u>	5, 2022 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation	"LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	(DDRESS)	
		95 021 APR 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
Enter new mailing address, if applicable:		200
(Mailing address MAY BE A POST OFFICE BO	DX)	·
		
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>care:</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	iadress
		, 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 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>	Name	Address	Type of Action
MGR	ELIZABETH GREENHALGH	19756 ROSEATE DRIVE, LUTZ	□Add
		FL, 33558	⊠ Remove
			□Change
			□Add
			□Remove
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CHANGING	FROM A	LIMITED	PARTNERS14	IP to 1	4 SINGLE
MEMBER	LLC.				
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ve date, if other than t	he date of filing	cannot be prior to	date of filing or more th	(opti nan 90 davs after	
If the date inserted in this ent's effective date on the	block does not m	eet the applicab	le statutory filing rec	quirements, thi	s date will not be lis
	•				
specifies a delayed effected.	tive date, but not	an effective time	e, at 12:01 a.m. on th	e earlier of: (b) The 90th day aft
April, 10,3	,	2023	. •		
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	V / - C			mambar	

Typed or printed name of signee