

L23000016401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

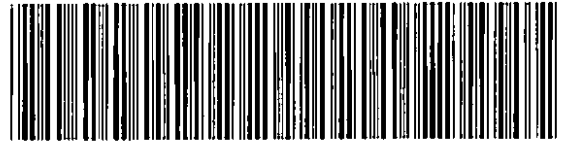
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600401138256

01/31/23--01018--016 ++25.00

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TAMM HALL
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TAMM HALL

A28



*****IMPORTANT NOTICE*****

PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

INC AUTHORITY
ATTN: CORPORATE MAINTENANCE LEAD
1450 VASSAR ST
RENO, NV 89502
OR
RETURNDocs@INCAuthority.com

FILED
2023 OCT 11 09:38
FBI/DOJ
FALLA/HA-SEE:FLC/IDA

TO: PHYSICAL: Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING: Dept. of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.
1450 Vassar St
Reno NV 89502
(800) 638-2320
(775) 329-0852

DATE: Wednesday, January 25, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment
For INSIGHT FINANCIAL WELLNESS, LLC

We have included payment in the amount of \$25.00 for the following fees:

- Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of Amendment to Articles
of Organization to the address below:**

Processing Department
1450 Vassar St
Reno NV 89502

FILED
2023 JAN 26 10 38
U.S. DEPT. OF COMMERCE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSIGHT FINANCIAL WELLNESS, 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:

Corporate Maintenance Lead

Name of Person

Processing Department

Firm/Company

1450 Vassar St

Address

Reno, NV 89502

City/State and Zip Code

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

For further information concerning this matter, please call:

Processing Department

Name of Person

at (800) 638-2320

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2023
JAN 10 10 38 AM
TALLAHASSEE, FL 32301

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

INSIGHT FINANCIAL WELLNESS, 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 01/09/23 and assigned
Florida document number L23000016401.

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:

4200 nw 16 street # 448

(Principal office address MUST BE A STREET ADDRESS)

Lauderhill

FL 33313

Enter new mailing address, if applicable:

4200 nw 16 street # 448

(Mailing address MAY BE A POST OFFICE BOX)

Lauderhill

FL 33313

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

City

Florida

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	David Norzile	4200 nw 16 street # 448	<input type="checkbox"/> Add
		Lauderhill	<input type="checkbox"/> Remove
		FL, 33313	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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2023
JAN 11 AM 10:01
TALLAHASSEE
FL
SUN
2023

[illegible]

(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)

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.

01/20/23

David Norzile

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2023
SEP 11 10 38 AM
FBI - NEW YORK