Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for  $\widetilde{\mathrm{future}}$ annual report mailings. Enter only one email address please.

Email Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAIDMANN INSIGHTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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T. LEMIEUX

FEB - 7 2024

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2/6/2024 13:54:40 PST

Ta: 18506176383

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From: Registered Agents Inc.

Fex: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAIDMANN INSIGHTS 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 01/03/2024 and assigned Florida document number <u>L24000009110</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 designation "LLC" or the abbreviation "L.L.C." 3833 POWERLINE RD SUITE 201 Enter new principal offices address, if applicable: FORT LAUDERDALE, FL 33309 (Principal office address MUST BE A STREET ADDRESS) 3833 POWERLINE RD SUITE 201 Enter new mailing address, if applicable: FORT LAUDERDALE, FL 33309 (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

## 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.

2/6/2024 13:54:40 PST

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From: Registered Agents Inc.

Fax: 8134365206

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	<u>Address</u>	Type of Action	
			□Add	
			□Remove	
			☐ Change	
		-	CAdd	
			□Remove	
			□Change	
		<u> </u>	□Add	
			□Remove	
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			□Change	
			□Add	
			□Remove	
			☐ Change	
			□Add	
			□Remove	

To. 18506176383

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
If the recorderecord is fi	d 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 led.
Dated	February 6 2024
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Nat Smith  Typed or printed name of signee