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Office Use Only

, FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

BUSINESS (Name)

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NEW_FILINGS

- Profit Not for Profit Limited Liability
- ____Domestication
- ____CORP
- ____ LLLP

AMMENDMENTS

- _X_Amendment
- ____Resignation of R.A. Officer/Director
- Change of Registered Agent
- ____Dissociation or Resignation

REGISTERATION/QUALIFICATIONS

STATEMENT OF AUTHORITY

____Merger

Foreign Filing Limited Partnership

Reinstatement Trademark

____Conversion

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ APOSTIL ()

Country

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES. INC 2330 CLARE DRIVE TALLAHASSEE. FL 32309 (850) 524-5437 (850) 524-6243

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____Fictitious Name

_____ APOSTIL ()

Country

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporations

INSIGHT LAB MARKETING LLC

SUBJECT: __

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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:

Name of Person

RS ACCOUNTING AND TAX SERVICES INC

Firm/Company

10 FAIRWAY DRIVE SUITE 306

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

INFO@RSACCOUNTINGTAX.COM

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

For further information concerning this matter, please call:

RODRIGO P SILVA

Name of Person

954 623-7615 at (______) Area Code Davime Teleph

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000153455</u>	http://www.company.org/any.org/any.org/any.org/any.org/any.org/any.org/any.org/any.org/and/ansigned and assigned assigned and assigned a set as a set		
This amendment is submitted to amend the following:	9		
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:	10236 BOCA ENTRADA BLVD		
(Principal office address MUST BE A STREET ADDRESS)	APT 120		
	BOCA RATON, FL 33428		
Enter new mailing address, if applicable:	10236 BOCA ENTRADA BLVD		
(Mailing address MAY BE A POST OFFICE BOX)	APT 120		
	BOCA RATON, FL 33428		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :	address on our records, <u>enter the name of the new registered</u>		
	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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	PIRES GUIRARDELI, IGOR	10236 BOCA ENTRADA BLVD APT 120	🖸 Add
		BOCA RATON, FL 33428	Remove
			☐ Change
			□∧dd
			🗌 Remove
			⊡Change
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			Change
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			Change

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

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E. Effective date, if other than the date of filing: ____

(optional) Effective date, if other than the date of filing: _________(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.

AUGUST 8 Dated _

2024

IGOR PIRES GUIRARDELI

Signature of a member or authorized representative of a member

IGOR PIRES GUIRARDELI

Typed or printed name of signee