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SECRETARY OF STATE
TALLAHASSEE, FL

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## **COVER LETTER**

	Registration Se Division of Cor						
SUBJEC	Insight Ope	erations LLC					
00000	Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		Aria Branom					
			Name of Person	<del></del>			
		Insight Operations LLC					
		<del> </del>	Firm/Company				
		6586 WEST ATLANTIC	AVENUE				
			Address				
		DELRAY BEACH, FL 33	446		SEC OBS	2024 OCT 16	
			City/State and Zip Code	•	RET		
		info@insightopsco.com  E-mail address: (	to be used for future annual report notification	ation)	ARY HA		7
For furthe	er information c	oncerning this matter, please c	•	•	CRETARY OF STALLAHASSEE,	PH 4: 13	
Aria Brai	nom		561 299-0458		FE FA	<del>ι</del> 3	
	Name o	f Person		Celephone Number	— гл		
Enclosed	is a check for the	he following amount:					
		☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified		of Status &		
	Mailing Addres Registration		<u>Street Address:</u> Registration Secti	on			

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

Insight Operations LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/16/2024	and assigned
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 I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del> .
(Principal office address MUST BE A STREET ADDRESS	5)	
		DEC SEC
		27. 8
Enter new mailing address, if applicable:		AH TAF
(Mailing address MAY BE A POST OFFICE BOX)		NS.
<del></del>		m m
		FEA
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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>	<u>Name</u>	Address	Type of Action
AMBR	Will Branom	6586 WEST ATLANTIC AVENUE DELRAY BI	EACI <b>®</b> Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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		SEC 2024
		SECRETARY OF ST TALLAHASSEE, I
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		<u> </u>
		· <del>_</del> ·
C. Effective date, if other than the constitution (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.0207 (3)(b) g requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
Dated October 4	2024	
Aria Bra	AOM ignature of a member or authorized representative	
	ignature of a member or authorized representative	or a member
Aria Branom		