

L 98000002927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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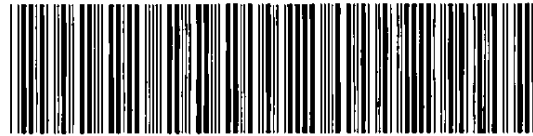
(Business Entity Name)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: July 3, 2017

Account#: I20000000088

Name: Marisa Kugelman

Reference #: T010751

Entity Name: INSIGNEO WEALTH ADVISORS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Certified Copy and Certificate of Status upon filing

Authorized Amount: \$60.00

Signature: [Handwritten Signature]

• CORPORATE HQ
COGENCYGLOBAL INC.
115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
800.271.0107
+1.212.947.7200

• EUROPEAN HQ
COGENCYGLOBAL LIMITED
115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCYGLOBAL LIMITED
115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
+852.3975.1803



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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
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+1.212.947.7200

• EUROPEAN HQ
COGENCYGLOBAL (UK) LIMITED
25, THE PAVILLIONS, 150, WHITE CHURCH
LANE, LONDON, W1F 9UH, U.K.
COGENCYGLOBAL, LLC
115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
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• ASIA PACIFIC HQ
COGENCYGLOBAL (ASIA) LIMITED
SUITE 1201, 100, NORTH BRIDGE ROAD,
SINGAPORE 178451
COGENCYGLOBAL, LLC
115 N CALHOUN ST., STE. 4
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COGENCYGLOBAL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HB Asset Management, L.C.

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:

George Befeler Esq.

Name of Person

Homer Bonner Jacobs, P.A.

Firm/Company

1441 Brickell Avenue, Suite 1200

Address

Miami, FL 33131

City/State and Zip Code

gbefeler@homerbonner.com

(e-mail address; to be used for future annual report notification)

For further information concerning this matter, please call:

George Befeler

305 350-5158

Name of Person

at (_____) _____
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

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

HB Asset Management, L.C.

(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 November 25, 1998 and assigned
Florida document number L98000002927.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INSIGNEO Wealth Advisors, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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

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>
MGRM	Raul Henriquez	777 Brickell Ave., Suite 1010	☐ Add
		Miami, FL 33131	☒ Remove
			☐ Change
MGR	Raul Henriquez	777 Brickell Ave., Suite 1010	☒ Add
		Miami, FL 33131	☐ Remove
			☐ Change
MGR	Guillermo Vernet	777 Brickell Ave., Suite 1010	☒ Add
		Miami, FL 33131	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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 REVENUE
 FLORIDA

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FALL CLASS, FLORIDA

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FARLASSIE, FLORIDA

(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 0707 (3)(b)

Dated June 28 2017

Guillermo Vernet

Filing Fee: \$25.00