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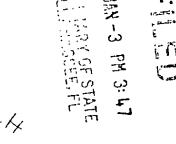
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## **COVER LETTER**

TO: Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: The In	Sight Group Name of Lim	Risk Services, ited Liability Company	LLC	
	mendment and fee(s) are sub			
	Parrick 1 The Insight Gr	Name of Person  VUP RISK Servi	ices, LLC	-
		Road Stute 41	_	-
	Destin, FL 3	C'. 1C 127 C 1	<del></del>	
For further information con	E-mail address: ()	to be used for future annual repail:	oort notification)	2024 JAN -
Patrick J. Andr		at ( <u>850</u> ) <u>25</u> Area Code	9 - 2479 Daytime Telephone Number	2024 JAN -3 PH 3: 47 SECRETARIA (AF STATE SECRETARIA)
Enclosed is a check for the	following amount:			TE +7
\$25.00 Filing Fee	-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ite of Status &
Mailing Address: Registration Se Division of Cor P.O. Box 6327		Division e	ress: on Section of Corporations re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 U 1 1999 and assigned
Florida document number L99 000003 [Q]

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.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Enter new 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 Agent:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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.

Cirv

\_, Florida \_

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	Stephanie Suber	995 Airport Rd, Unit 13	X Add
		Destin, FL 32541	□Remove
			□Change
			🗆 🗖 Add
		<u> </u>	□Remove
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The Insight Group Risk Services, LLC shares as follows	•
MGR - Patrick J. Andrews - 46%.	
AMBR - Robert W. Seymour - 44'1.	
AMBR - Stephanie Suber - 10:1.	
2024 JAM 2026 J.C.	77
5. 3 5. 3 5. 4 5. 5 7. 6 7. 6 7. 6 7. 6 7. 6	10 1
FAT T	
C. Effective date, if other than the date of filing: 1000 (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	
f 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 ecord is filed.	
Dated Pecember 28 2023.  Matuch J. Auchus	
Signature of a member or authorized representative of a member  Patrick 1 Proceedings  Typed or printed name of signee	

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

Filing Fee: \$25.00