

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000237857 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

ř.	m.	ιi	1	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SELVATRA LLC

Certificate of Status	0
Certified Copy	0
Page Count	<b>-03</b> 05
Estimated Charge	\$25.00

T. LEMIEUX JUL 18 2024

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

#### SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida E	epartment of	
State: Selvatra LLC			
Enter new principal office address, if applicable:			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited lia	ability company is: M190000059	997	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 06/1			
SECTION II (5-9 complete only the applicable of the limited liability company: In (mus)	changes) sight Diligence Partners LLC t contain "Limited Liability Cor	7024 npany, ""L.L.C.," or "LLC")	-17
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	naging members adopting the ai	usiness in Florida and attach a ternate name. The alternatement	
6. If amending the registered agent and/or registered registered agent and/or the new registered office agent.	ed officer address on our record ddress here:	s. enter the name of the new	
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Florid	a Street Address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capac and complete performance of n tered agent as provided for in C in the registered office address,	ny duties, and I am familiar with hapter 605, F.S. Or, if this	I

. If the amendment c	hanges person, title or capacity in	accordance with 605.0902 (1)(e), indicate that	it change:
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remo
	<del>-</del>		DAdd
			Remo
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			□Add
			□Remo
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
aforementioned am	he law of which this entity is orga	The official having custody of records in th	⊡Remo <sup>,</sup>

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "SELVATRA, LLC",

CHANGING ITS NAME FROM "SELVATRA, LLC" TO "INSIGHT DILIGENCE

PARTNERS LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF

JUNE, A.D. 2024, AT 9:14 O'CLOCK A.M.



Authentication: 203945128

Date: 07-17-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:14 AM 06/13/2024
FILED 09:14 AM 06/13/2024
SR 20242860865 - FBe Number 7201494

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:	cate of Formation of the limited liability company is hereby amend
1. The r changed	name of the limited liability company is bein to: Insight Diligence Partners LLC
ŀ	
	SS WHEREOF, the undersigned have executed this Certificate or

Name: JUAN CAPILLO CHEPELA TRUSTILLO

Print or Type