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2025 JAN 17 PM 3: 3:
SECNETARY OF STATE
TALLAHAS SEE STATE

COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Division of	n Section Corporations		
SUBJEC		nta Insight LLC		
SOBJEC	-1: <u> </u>	Name of I	limited Liability Company	
The encl	osed Article	s of Amendment and fee(s) are	submitted for filing.	
Please re	eturn all corre	espondence concerning this mat	ter to the following:	
		Ann Sensenbrenner		
		<u> </u>	Name of Person	
		M/S Data Insight LLC		
			Firm/Company	
		8982 Bloomfield Blvd		
			Address	.
		Sarasota, FL 34238		
			City/State and Zip Code	
		anns@msdatainsight.om	ss: (to be used for future annual rep	and notification)
For furth	ner informati	ion concerning this matter, pleas		ort notification)
	nsenbrenner	,	941 525-7	488
Ann sei		me of Person		Daytime Telephone Number
	,N2.	me of Person	Alea Code	Daytime reteptione realises
Enclosed	d is a check t	for the following amount:		
≘ \$ 25.	.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ad		<u>Street Add</u>	
Registration Section Division of Corporations P.O. Box 6327				on Section of Corporations
				re of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our record	<u>is.)</u>
orida Limited Liability Company)	- - -
ity Company were filed on 1/3/2025	and assigned
g:	
limited liability company here:	
"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
:	
DDRESS)	2025 SEC
Q	JAN 17 PM 3: 35 ELAHASSEE, FLE
tered office address on our records, <u>enter</u> ere:	the name of the new registo
Enter Florida street addres	53
•	
	lorida Zip Code
	g: Ilimited liability company here: "Limited Liability Company." the designation "LLC: DDRESS) dered office address on our records, enterere: 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.

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
			□Add
			□Remove
			Change
			□Add
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			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: (optional) (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 More; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The event 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 rd is filed. Dated 1/12 2025 June 1/12 2025	-			
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Signature of a member or authorized representative of a member	NIA . CAD	nauterner		
	- Charles Salver	Signature of a member or author	ized representative of a member	
	Ann Sensenbrenner		I name of signee	