## L19000 152784

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## **COVER LETTER**

TO: Registration Set Division of Co.		•	
Inspired B	BIAS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>.                                    </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Justin B Jensen		
		Name of Person	
	Inspired BIAS LLC		
	<del></del>	Firm/Company	
	P.O. Box 354354		
		Address	· · · · · · · · · · · · · · · · · · ·
	Palm Coast, FL 32157		
	info@inspiredbias.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report r	notification)
For further information of	concerning this matter, please co	all:	
Justin B Jensen		801 897-788	2
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he 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 Division of C	Section	<u>Street Address:</u> Registration : Division of C	Section
P.O. Box 632		The Centre o	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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THE CURVED EDGE, LLC			2 17
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	222
The Articles of Organization for this Limited L Florida document number L19000152784	iability Company	were filed on 06/10/2019	and assigned 5
This amendment is submitted to amend the foll-	owing:		2
A. If amending name, enter the new name o	f the limited liab	oility company here:	
Inspired BIAS, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1101 Beach Village Cir #110	1
(Principal office address MUST BE A STREET ADDRESS)		Palm Coast, FL 32137	
Enter new mailing address, if applicable:		P.O. Box 354354	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		Palm Coast, FL 32157	<del></del>
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office as ss here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	Justin B Jense	en	
New Registered Office Address:	1101 Beach V	fillage Cir #1101	
		Enter Florida street address	
	Palm Coast	, Flo	rida <u>32137</u>
		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 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>	Address	Type of Action
MGR	Justin Jensen	1101 Beach Village Cir #1101	<b>≣ Ad</b> d
		Palm Coast, FL 32137	□Remove
			Change
AMBR	Kristina Jensen	1101 Beach Village Cir #1101	
		Palm Coast, FL 32137	□Remove
			□ Change
	Cheryl Little	13 FREEMONT CT.	□Add
		PALM COAST, FL 32137	≣Řemove
			☐ Change
	<del></del>		□Add
		70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Remove
			☐ Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□ Change

<del></del> -	
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tote: II	e date, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record s I is filed	
t is filed fo	ne 18 2020
f is filed	

Filing Fee: \$25.00