Elorida Department of State

Division of Corporations

Public Access System

Electronic Filling Coxer Sheet

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.

(((H07000308404 3)))



H070003084043ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION

Account Number: 071670002600 Phone: (941)364~2481

Fax Number : (941)364-2490

07 DEC 31 AM 10: 11

SECRETARY OF STATE

ALLAHASSEE & LORIG

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

INSPIRATION P & S, LLC

ECEIVED EC 31 AN 10: 22 HASSEE, PLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

D. BRUCE

DEC 31 2007

**EXAMINER** 

Heleographic Filing Menu

Corporate Filing Menu

Help

9413842491

T-898 P 002/003 F-455 FAX AUDIT NO. H07000308404 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	inspiration P & S, LLC d Liability Company as it now appears on o A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited 1	Liability Company were filed on 02/18/20	005 and assigned
Florida document number <u>L05000016784</u>		
This amendment is submitted to amend the fo	flowing:	
A. If amending name, enter the new name	of the limited liability company here:	
INSPIRATION P & S I, LLC		
The new name must be distinguishable and end w 'L.L.C."	54	O7 C
B. If amending the registered agent and registered agent and/or the new registered (		ASSET
Name of New Registered Agent:		
New Registered Office Address:	50 Central Avenue, Suite 700	DRID.
	(Enter Florida street address)	
	Sarasota	, Florida 34236
	(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 608, 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)

FAX AUDIT NO. H07000308404 3

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM -	- Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Peter Easton	1750 N. Washington Blvd. Sarasota, Fl. 34234	Add Remove
MGRM	Susan Correia-Easton	1750 N. Washington Blvd. Sarasota, Fl. 34234	
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
D. If am	ending any other information, en	ter change(s) here: (Attach additional sheets, if nec	<u></u>
	The principal address and m	alling address of the company shall be:	AND CO
	1750 N. Washington Blvd.		m-c #
	Sarasota, FL 34234		F STATE
			——————————————————————————————————————
Dated Effective	•	2007 Sala	
	Signature of	a member or authorized representative of a member Peter Easton	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

FAX AUDIT NO. H07000308404 3