# P15000315W

Office Use Only



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SECRETARY OF STATE

Amend

AUG 20 2015 I ALBRITTON

#### **COVER LETTER**

TO:	Amendment Section			
	<b>Division of Corporations</b>			

NAME OF CORPO	RATION: B INSPIRATION I	NC			
	BER: P15000036566				
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.			
Please return all corre	espondence concerning this mat	ter to the following:			
	YOGEV KARNY				
		Name of Contact Person			
	MORTY ETGAR P A.				
	Firm/ Company				
	3363 NE 163RD ST STE 801				
	Address				
	NORTH MIAMI, FL 33160				
		City/ State and Zip Code			
YO	GEVKARNY@ETGARCPA.C	ОМ			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call.			
YOGEV KARNY		at (	639-2365		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check f	for the following amount made	payable to the Florida Depa	irtment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

### **Articles of Amendment** Articles of Incorporation of

B INSPIRATION IN	ľ
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#### (Name of Corporation as currently filed with the Florida Dept. of State)

P15000036566

	(Document Number of Corporation (if known	own)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corp	poration adopts the following amendme
A. If amending name, enter the new na	ame of the corporation:	
		The new
	tain the word "corporation," "company," or nation "Corp," "Inc," or "Co". A profession tion," or the abbreviation "P.A,"	"incorporated" or the abbreviation
B. Enter new principal office address,	if applicable:	
(Principal office address MUST BE A S		
	<del></del>	
C. Enter new mailing address, if appli	icable:	
(Mailing address MAY BE A POST		
	id/or registered office address in Florida, ent	er the name of the
new registered agent and/or the new		
Name of New Registered Agent	ISRAEL MOR JOSSEF	
·	3363 NE 163RD ST, STE 801	
	(Florida street address)	
New Registered Office Address:	NORTH MIAMI	, Florida 33160
nen negisiorea Syrice maaress.	(City)	(Zip Code)
New Registered Agent's Signature, if c		
i nereby accept the appointment as regist	tered agent. I am familiar with and accept the	obligations of the position.

Signature of New Registered Agent. if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			····
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		•	
Add			
Remove			

	additional Articles s, if necessary). (E	Be specific)			
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,					
	<del></del> -	<del></del>	<del> </del>	·	<del></del>
an amendment prov	ides for an exchang	ge, reclassification	, or cancellation o	of issued shares,	
	nenting the amendn	nent if not contair	<u>red in the amendn</u>	nent itself:	
provisions for implem	inaicaie N/A)				
orovisions for implem (if not applicable,					
provisions for implem					
provisions for implem			-		
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirend document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The folious must be separately provided for each voting group entitled to vote separately on the amendations.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action as action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	areholder
AUGUST 11, 2015 Dated	
Signature + Social New Just W	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
ISRAEL MOR JOSSEF	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	