L07000008280

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EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor			
	i,	ecurities Capital, LL	^	
SUBJI	ECT:		ited Liability Company)	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Alex Fink	
			(Name of Person)	
		S	ecurities Capital, LLC	
			(Firm/Company)	
		800 N.	Magnolia Avenue, Suite 1202	
			(Address)	
		0	rlando, FL 32803	
			(City/State and Zip Code)	
For fur	ther information co	oncerning this matter, please ca	all:	
	Alex Fink		at (407) 373-4407	
	(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclos	ed is a check for th	ne following amount:		
☑ \$25	5.00 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:

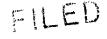
TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO



ARTICLES OF ORGANIZATION 2000 DEC 31 PM 2: 38 OF

Securities Capital, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01/23/2007 The Articles of Organization for this Limited Liability Company were filed on and assigned L07000008280 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Inspired Capital Management, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (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 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.

(City)

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

MGR = Manager

	<u>Name</u>	Address	Type of Act
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Filing Fee: \$25.00