

L08000005703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

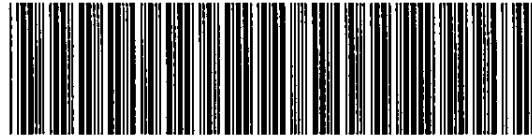
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EXAMINER



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11/13/12--01003--019 **30.00

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12 NOV 13 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

7520 Northwest 5th Street
Suite 203
Plantation, Florida 33317

Telephone (954) 316-5033
Fax (954) 316-5037

November 8, 2012

Florida Department of State
Division of Corporations
Registrations Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Inspirations for Youth and Families, LLC

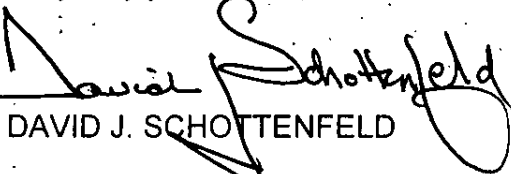
Gentlemen:

Please find enclosed herein Articles of Amendment to Articles of Organization form, together with check in the amount of \$30.00 representing the Filing Fee and Certificate of Status for such change, with respect to the above referenced matter.

A copy of this document has also been enclosed herein. Kindly acknowledge your receipt of same and forward the acknowledged copy to the undersigned in the envelope provided for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter.

Very truly yours,


DAVID J. SCHOTTENFELD

DJS/mib
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSPIRATIONS FOR YOUTH AND FAMILIES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J. Schottenfeld, Esq

Name of Person

David J. Schottenfeld, P.A.

Firm/Company

7520 NW 5 Street # 203

Address

Plantation, FL 33317

City/State and Zip Code

david@djspalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David J. Schottenfeld

Name of Person

at (954) 316-5033

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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
OF**

INSPIRATIONS FOR YOUTH AND FAMILIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/16/2008 and assigned
Florida document number L08000005703.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

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TALLAHASSEE, FLORIDA

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

_____, Florida _____

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

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:

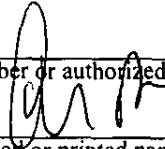
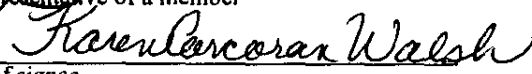
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Karen Corcoran Walsh	757 SE 17 Street # 328	<input checked="" type="checkbox"/> Add
		Ft Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 8, 2012.

Signature of a member or authorized representative of a member
CHRISTOPHER WALSH  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00