٩, (Requestor's Name) (Address) 200277032202 (Address) (City/State/Zip/Phone #) 09/14/15--01021--008 **25.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) 15 SEP 14 PM 5:07 Certified Copies Certificates of Status $\mathbf{r}\mathbf{n}$ Special Instructions to Filing Officer: Office Use Only

> SEP 1 5 2015 Y SULKER

DAVID J. SCHOTTENFELD, P.A.

Attorney at Law-

Telephone (954) 316-5033

Fax (954) 316-5037

7520 Northwest 5th Street Suite 203 Plantation, Florida 33317

September 10, 2015

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

Re: Inspirations for Youth and Families, LLC Number L08000005703 Filed January 16, 2008

Gentlemen:

Please find enclosed herein the Articles of Amendment to Articles of Organization for Inspirations for Youth and Families, LLC; together with check in the amount of \$25.00 representing the Filing Fee for same, with respect to the above referenced matter.

A copy of this document has also been enclosed hereinKindly 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, lehotter

DAVID J. SCHOTTENFELD

DJS/mib-Encl

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 <u>Jánuary 16, 2008</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office uddress MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
anoning marcar fart course of the second		En P
B. If amending the registered agent and/or	registered office address on our records,	enter the reme of the new
registered agent and/or the new registered offic	ce address here:	
		្លឹង 🗘
Name of New Registered Agent:		
New Registered Office Address:		ے _{مر} ب ہے جب ہے ایک اور المیشند ہے۔
	Enter Florida street oddress	
	, Flor	
	City	Ap 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

Page 1 of 3

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

Name	Address	Type of Action
Karen Cureoran Watsh	757 SE 17 Street # 328	Add
	Plantation, FL 33316	_
	······	Change
Karen (' Walsh	757 SE 17 Street # 328	D Add
	Ft Lauderdale, FL 33316	
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		Elessino 55. C
		D Add
		O Remove
		Change
		🖸 Add
		C Remove
		Change
		Add
		D Remove
	Karen Corcoran Watsh	Karen Curcoran Walsh 757 SE 17 Street # 328 Plantation, FL 33316 Karen C Walsh 757 SE 17 Street # 328 Planderdale, FL 33316

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

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If the record specifies 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 is filed.

Dated Signature of a member or authorized representative of a member • • - • ----I yped or printed name u

Page 3 of 3 Filing Fee: \$25.00