

L08000039909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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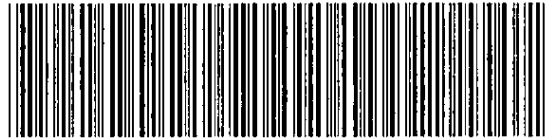
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 JUN -5 PM 5:01

FILED

VH

# *Law Office of Brian R. Hersh*

Brian R. Hersh  
Attorney At Law

Email: bherشلaw@att.net

May 31, 2023

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

Re: INSPIRATION BED AND BREAKFAST AND HEALTH SPA, LLC  
DOCUMENT NO.: L08000039909

Gentlemen:

Enclosed is a check in the amount of \$30.00. Please process the enclosed Amendment.

Thank you for your cooperation in this matter.

Sincerely,

Law Office of Brian R. Hersh

BY: **Brian R. Hersh\***

Brian R. Hersh, Esquire

\*(Electronically Signed)\*

BRH/ar

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MARTINDALE-HUBBELL- Rated-"**AV Preeminent**"  
(Highest Possible Peer Review Rating in Legal Ability & Ethical Standards)



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1541 Brickell Avenue, Suite# C-1407, Miami, FL. 33129 \* Office Tel. (305)-371-6294  
Direct Tel. (305)-546-8505 \* Home Tel. (305)-860-0800 \* Fax (305)-371-2413

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** INSPIRATION BED AND BREAKFAST AND HEALTH SPA, 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:

BRIAN R. HERSH

Name of Person

LAW OFFICE OF BRIAN R. HERSH

Firm/Company

1541 BRICKELL AVENUE, SUITE C-1407

Address

MIAMI, FLORIDA 33129

City/State and Zip Code

bherشلaw@att.net

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

For further information concerning this matter, please call:

Brian R. Hersh

305 371-6294  
at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INSPIRATION BED AND BREAKFAST AND HEALTH SPA, 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 04/22/2008 and assigned  
Florida document number L08000039909.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

Brian R. Hersh

New Registered Office Address:

1541 Brickell Avenue, Suite C-1407

*Enter Florida street address*

Miami

Florida 33129

*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 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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

N/A

2023 JUN -5 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FD-36

E. Effective date, if other than the date of filing: 05/31/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MAY 31

2023

Signature of a member or authorized representative of a member

**Darlene Switzer-Foster**

Typed or printed name of signee

**Filing Fee: \$25.00**