# #L 1000000607

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SEGRETARY OF STATE
ALLAHASSEE FLORIDA

KEALY EXMINER 2012

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Connect 4 Vay, 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:
Rebecca D. Jacques
Connect 4 You, LLC
8815 Conroy-Windermere Road, #149
Orlando, Florida 32835  City/State and Zip Code  KJACQUES @ CFL. RR. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebecca D. Jacques at (407), 963-9022  Name of Person at (407), 963-9022  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \\ \text{\$\$\$ \$60.00 Filing Fee, \text{Certified of Status & Certified Copy (additional copy is enclosed)}} \\ \text{\$\$\$\$} \end{align*} \]

#### 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 ARTICLES OF ORGANIZATION **OF**

12 JAN 31 PM 3: 02

Connect 4 Vou	LLC	FALLAHASSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>1000000607</u> .	were filed on	21 04 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  INSPIRED HOSPITAL  The new name must be distinguishable and end with the words "Limit"  L.L.C."	ty Recruit	ting, LLC
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)	8815 Cor #149 Orlando,	nroy-Windermere Road Florida 32835
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on o	ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	er Florida street address
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature if changing Registered Agent.	<i>,</i>	Esp Couc

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

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>			Add Remove
			Add Remove
			Add Remove
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). If amen	ding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessa	 ry.)
_			
Dated	January 29.	2012/	
	Kalan	on A Arrowed	

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Filing Fee: \$25.00