# L11000108203

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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# **COVER LETTER**

Division of Cor	porations		
SUBJECT:	INSPIF	RE NET LLC	
SUBJECT:	Name of Lin	nited Liability Company	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Та	mmy Perez	
		Name of Person	
	Taba	desa Associates	
		Firm/Company	
	7005	West 17th Court	
		Address	
	Hial	leah, Fl 33014	
		City/State and Zip Code	
		yp@tabadesa.com (to be used for future annual report notific	eation)
For further information of	concerning this matter, please of	•	,
Tamr	ny Perez	<sub>at (_</sub> 786 <sub>)</sub> 541-8	3043
	of Person		Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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



February 21, 2014

TAMMY PEREZ TABADESA ASSOCITES 7705 W. 17TH COURT HIALEAH, FL 33014

SUBJECT: INSPIRE NET LLC Ref. Number: L11000108203

We have received your document for INSPIRE NET LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 914A00003969

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 FEB 20 AM II: 48 SLOPE JAIN OF STATE TALLAHASSEE, FLORIDA

		13.5-1.	
INSPIRE NET LL	LC		
(Name of the Limited Liability Company a: (A Florida Limited Liabil	s it now appears	s on our records.)	
(A Fiorda Limited Liaum	nty Company)		
The Articles of Organization for this Limited Liability Company wer	re filed on	09/21/2011	and assigned
Plorida document number L11000108203			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liability	company he	re:	
<u></u>		<del></del> -	
he new name must be distinguishable and end with the words "Limited Liability	Company " the d	lesignation "LLC" or the	abbreviation "LLC"
te new name must be distinguishable and end with the words. Entitled Elability	company, the c	lesignation like of the	BOUCTIALION E.E.C.
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
_		_	
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
_			
3. If amending the registered agent and/or registered office	e address on	our records, enter	the name of the
egistered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
The Translation Office Francisco.	Enter Flori	ida street address	
		. Florida	
		riorias	

### 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action **AZIF MAHMOOD 4922 LEEWARD LANE** MGR FORT LAUDERDALE, FL 33312 Remove 4922 LEEWARD LANE\_\_\_ Add **ASIF MAHMOOD** MGR FORT LAUDERDALE, FL 33312 \_ Add ☐ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove

<del>-</del>			
		March 1st, 2014	N
fective date, if othe	er than the date of filing: _	<u></u>	(optional)
e effective date must be	specific, cannot be prior to date of	receipi or med date and cannot be mo	ic mair 70 days andi
ne effective date must be	specific, cannot be prior to date of filed by the Florida Department of		ic mai 50 days and
he effective date must be he date this document is March	filed by the Florida Department of		ne man 20 days and
he effective date must be he date this document is	filed by the Florida Department of	State)	ne dian 20 days andi
he effective date must be he date this document is	filed by the Florida Department of	State)	ic that 70 days and

Page 3 of 3

Filing Fee: \$25.00

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