L11 000 105267

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #1
(0.1)	Julio Zipi ilon	<i>,</i>
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
,	•	
Certified Copies	Certificates	of Status
Certified Copies	Octanoates	o o clates
Special Instructions to Fil	ing Officer:	

Office Use Only



100266170671

100266170671 11/10/14--01045--018 **25.00

14 NOV 20 AM 9: 26
SECRETARY OF STATE TALL AHASSEE FLORIDA

J. Shivers DEC 0 3 2014;



November 18, 2014

TAMMY PEREZ 7005 W 17TH CT 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.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Letter Number: 814A00024434

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	INSPI	RE NET LLC	
	Name of Limi	ted Liability Company	·
	s of Amendment and fee(s) are sub	•	
Please return all corr	espondence concerning this matter	to the following:	
		TAMMY PEREZ	
		Name of Person	
	TAE	BADESA ASSOCIATES Firm/Company	
		7005 W 17TH CT Address	<u> </u>
		HIALEAH, FL 33014	
		City/State and Zip Code	
	E-mail address; (i	mmyp@tabdesa.com to be used for future annual report notifi	cation)
For further informati	on concerning this matter, please c	·	
	TAMMY PEREZ	at (786)	541-8043
Na	me of Person	Area Code & Daytime	
Enclosed is a check t	or the following amount:		
\$25.00 Filing Fee	_	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSPIRE NET	LLC		
(Name of the Limited Liah (A Flor	oility Company as it now appride Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL11000108203	Company were filed on	09/21/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	ndment is submitted to amend the following: ending name, enter the new name of the limited liability company here: me must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." we principal offices address, if applicable:		
The new name must be distinguishable and end with the words "	Limited Liability Company,"	the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADI	DRESS)		
	-		
Enter new mailing address, if applicable:			
Enter new maining address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)	-		
Muuing uuuress MAT BE A FOST OFFICE BOA			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ag		on our records, ente	r the name of the new
			ALL:
Name of New Registered Agent:			ARE S
New Registered Office Address:	Fatar	Florida street address	4 NOV 20 CRETARY LAHASSEI
	Enter	, Florida	
	City	,	Zio Code
New Registered Agent's Signature, if changing Registe	red 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member **Type of Action Title** <u>Name</u> <u>Address</u> MGR SHAHANA SHUBIR 112 NW 9TH TERRACE APT 304 Add A HALLANDALE, FL 33009 ☐ Remove MGR ASIF MAHMOOD 4922 LEEWARD LN _□ Add FT LAUDERDALE, FL 33312 ■ Remove □ Add ☐ Remove Remove ☐ Remove □ Add ☐ Remove

n amend	ding any other informatio	on, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
	,,,		
The effecti	e date, if other than the da ive date must be specific, cannot his document is filed by the Floric	be prior to date of receipt or filed date and car	(optional) nnot be more than 90 days after
Dated	NOVEMBER 6,	2014	
Dated	NOVEMBER 6,	2014 Akkent Jan	Lo.
Dated		gnature of a member or authorized represen	

Page 3 of 3

Filing Fee: \$25.00

14 NOV 20 AM 9: 26
SEGRETARY DESTATE
TALLAHASSEE JELORIN