2/2000067342

(Requestor's Name) (Address) (Address)	100238287251		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	09/04/1201019022 **25.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
A. LUNT			

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SEP - 6 2012

EXAMINER

COVER LETTER

Division of Cor	rporations		
SUBJECT:	ASPIRE CO	NSULTANTS LLC	
	Name of Limi	ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BEF	Name of Person	······································
		Name of Person	
	ASPIRE	COUSURTAUTS 1	LC
		Firm/Company	
	700 NE	73 STREET	
		Address	
	MIAMI,	FLORIDA, 3313 City/State and Zip Code	8
	E-mail address: (to be used for future annual report notificat	ion)
For further information of	concerning this matter, please of	eall:	
Q=0.5 11			5.5
Name o	OKKH"	at (305) 546 70 Area Code & Daytime To	elephone Number
		-	
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
MAII	INC ADDRESS	STDEET/COUDIED	ANNDESS.

Registration Section

TO:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASPIRE COUSULTAG	OTS LLC			
ASPIRE COUSULTANTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
	L			
The Articles of Organization for this Limited Liability Company were filed on 18 2012 and assigned				
Florida document number <u>L 1200067342</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ollity company here:			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ited Liability Company," the designation "LLC" or the	e abbreviation		
Enter new principal offices address, if applicable:	700 NE 73 STREET			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL ,33138			
Enter new mailing address, if applicable:	700 NE 73 STREET			
(Mailing address MAY BE A POST OFFICE BOX)	MIAHI, FL, 33138			
				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City Zip Code			
	•	ide		
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>			
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p	plete performance of my duties, and I am familie	ar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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 MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
	- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 		Add Remove	
			Add Remove	
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_	
				
	08/29/12		_	
Dated	Joseph Colin	or authorized representative of a member		
	/ /	SEAN MURRAY or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00