

L14000082709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

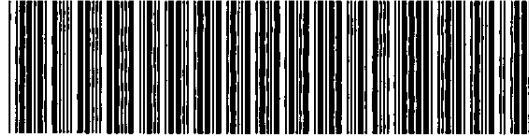
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



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FILED  
2015 DEC -3 P 1:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEC 04 2015

3 MASON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2015

LIA TERNI MARIOTTO  
4640 NW 7TH STREET  
MIAMI, FL 33126

SUBJECT: INSPIRING YOUR CHI, LLC.  
Ref. Number: L14000082709

We have received your document for INSPIRING YOUR CHI, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 815A00021895

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Inspiring Your Chi, LLC  
Name of Limited Liability Company

RECEIVED  
15 DEC -4 AM 11:40  
SEC. TALLAHASSEE  
STATE OF FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lia Mariotto

Name of Person

Inspiring Your Chi, LLC

Firm/Company

4640 NW 7th Street

Address

Miami, FL 33126

City/State, and Zip Code

lia@inspiringyourchi.com

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

For further information concerning this matter, please call:

Lia

954

881-1807

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Inspiring Your Chi, 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 05/15/2014 and assigned  
Florida document number L14000082709

This amendment is submitted to amend the following:

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

**ARTICLES OF AMENDMENT**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(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:

New Registered Office Address:

Enter Florida street address

, Florida

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**

2014 DEC 11 1:49 PM  
STATE OF FLORIDA  
CLERK OF THE COURT

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lia Terni	4640 NW 7th Street	<input type="checkbox"/> Add
		Miami, Florida 33126	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lia Mariotto	4640 NW 7th Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		Miami, Florida 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		Miami, Florida 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1. Project Name: [Blank]  
 2. Project Number: [Blank]  
 3. Project Manager: [Blank]  
 4. Project Sponsor: [Blank]  
 5. Project Start Date: [Blank]  
 6. Project End Date: [Blank]  
 7. Project Budget: [Blank]  
 8. Project Status: [Blank]  
 9. Project Description: [Blank]  
 10. Project Objectives: [Blank]  
 11. Project Deliverables: [Blank]  
 12. Project Risks: [Blank]  
 13. Project Issues: [Blank]  
 14. Project Changes: [Blank]  
 15. Project Communication: [Blank]  
 16. Project Reporting: [Blank]  
 17. Project Review: [Blank]  
 18. Project Approval: [Blank]  
 19. Project Sign-off: [Blank]  
 20. Project Closure: [Blank]

(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

Lia Mariotto

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

RECEIVED  
2010 DEC -3 PM 1:44  
FBI  
LABORATORY  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535  
U.S. DEPARTMENT OF JUSTICE