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DAVID J. SCHOTTENFELD, P:A.

Attorney at Law

7520 Northwest 5th Street Suite 203
Plantation, Florida 33317.

Telephone (954) 316-5033 Fax (954) 316-5037

September 10, 2015

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

Re: Inspire Youth Academy, LLC: Number L14000131684 Filed August 21, 2014

Gentlemen:

Please find enclosed herein the Articles of Amendment to Articles of Organization for Inspire Youth Academy, LLC, together with check in the amount of \$25.00 representing the Filing Fee for same, with respect to the above referenced matter.

A copy of this document has also been enclosed herein. Kindly acknowledge your receipt of same and forward the acknowledged copy to the undersigned in the envelope provided for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter:

Very truly yours,

DAVID J. SCHOMENFELD

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSPIRE YOUTH ACADEMY, I.LC (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 August 21, 2014 Florida document number ______114000131684 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 om 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.

Cip

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

Title	Name	Address	Type of Action
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Filing Fee: \$25.00