## 14000190644

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| . (Ad                   | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | :#)       |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## COVER LETTER

| 10: Registration S Division of Co |  |   |  |                    |
|-----------------------------------|--|---|--|--------------------|
| Inspiration                       | ns Holdings, LLC                             |   |  |                    |
| SUBJECT:                          | Name of Lin                                  | nited Liability Company   |  |                    |
| The enclosed Articles o           | f Amendment and fec(s) are sub               | mitted for filing.  |  |                    |
|                                   | ondence concerning this matter               | •   |  |                    |
|                                   | Michelle Larkin                              |   |  |                    |
|                                   |  | Name of Person  |  |                    |
|                                   | Inspirations Holdings, LL                    | c   |  |                    |
| •                                 |  | Firm/Company  |  |                    |
|                                   | 655 S.E. 1st Street                          |   |  | AON S              |
|                                   |  | Address   |  | 22                 |
|                                   | Delray Beach, FL 33483-                      | 5303  |  | 7                  |
|                                   | ms@medibiotechrx.com                         | City/State and Zip Code   |  | 16 NOV 22 PM 3: 35 |
|                                   | <del>-</del>                                 | to be used for future annual report notifi-                         | cation)  | Ç)                 |
| For further information of        | concerning this matter, please c             | all:  |  |                    |
| Mark C. Perry                     |  | 954 351-2601<br>at ( )  |  |                    |
| Name                              | 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) |                    |
| Regist                            | JNG ADDRESS: ration Section                  | STREET/COURIE Registration Section Division of Corpora              | l  |                    |

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (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 December 15, 2014  and as Florida document number L14000190644  This amendment is submitted to amend the following: | signed    |
|---|-----------|
| Florida document number L14000190644  | signed    |
| 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 "L  | .L.C."    |
| Enter new principal offices address, if applicable:   | ·         |
| (Principal office address MUST BE A STREET ADDRESS) 655 S.E. 1st Street   |           |
| Delray Beach, FL 33483-5303   | 3 8       |
| 655 S.E. Let Street   |           |
| Delray Beach, FL 33483-5303   | 35 0      |
| 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:   | of the ne |
| 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

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 = 1 | Manager    |        |
|---------|------------|--------|
| AMBR =  | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address                     | Type of Action |
|--------------|-------------|-----------------------------|----------------|
|              |             | 655 S.E. 1st Street         |                |
|              |             | Delray Beach, FL 33483-5303 | □ Remove       |
|              |             |                             | ■ Change       |
| <del></del>  |             |                             | Add            |
| •            |             |                             | ☐ Remove       |
|              |             |                             | Change         |
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|              |             |                             | Remove □       |
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|              |             |                             | Remove         |
|              |             |                             | ☐ Change       |

| f amending any other information, enter change(s) here: (Attach additional   | sheets, if necessary.)                    |                                   |
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|  |   |                                   |
| Effective date, if other than the date of filing:  | (optional)                                |                                   |
| Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor  Note: If the date inserted in this block does not meet the applicable statutory filing to document's effective date on the Department of State's records. | e than 90 days after filing.) Pursuant to | o 605,0207 (3)<br>c listed as the |
| ne record specifies a delayed effective date, but not an effective tin<br>The 90th day after the record is filed.  | ne, at 12:01 a.m. on the e                | arlier of:                        |
| Signature of a member or authorized representative o   | f a member                                | <del></del> -                     |
| Michelle Larkin  | į   |                                   |
| Typed or printed name of signee  |   | _                                 |
|  |   |                                   |
| Page 3 of 3  | , '                                       |                                   |
| LARCSULS   |   |                                   |