

LIS 000059781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

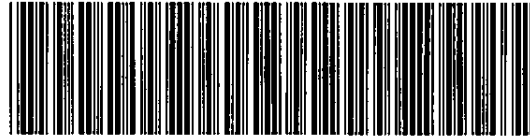
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 APR -9 PM 2:10
FBI - MEMPHIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE HOBBY QUEST OF FLORIDA, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

TRENIKA L STOVALL

Name of Person

IASPIRE ENTERPRISES, LLC.

Firm/Company

3906 LA FLOR DR

Address

ROCKLEDGE, FL 32955

City/State and Zip Code

iaspire.enterprises@gmail.com

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

For further information concerning this matter, please call:

TRENIKA L STOVALL

321 591-0162

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

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THE HOBBY QUEST OF FLORIDA, 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 04/06/2015 and assigned Florida document number L15000059781.

This amendment is submitted to amend the following:

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

iASPIRE ENTERPRISES, LLC.

The new name must be distinguishable and end with 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE SEE ATTACHED

E. Effective date, if other than the date of filing: 04/09/2015 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 06, 2015



Signature of a member or authorized representative of a member

TRENIKA L. STOVALL

Typed or printed name of signee

ARTICLES OF AMENDMENT
TO
ARTICLES OF FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:
NAME

iASPIRE ENTERPRISES, LLC.
(A Florida Limited Liability Company)

L15000059781
(Document Number of Limited Liability Company)

ARTICLE II:
PRINCIPAL AND MAILING ADDRESS

3906 LA FLOR DRIVE
ROCKLEDGE, FL 32955

ARTICLE III:
PURPOSE

PROVIDES CHILDREN WITH AFTER SCHOOL HANDS-ON EDUCATIONAL CLASSES,
WORKSHOPS, PRIVATE CLASSES, BIRTHDAY PARTIES, CAMPS, AND MORE IN THE
FIELD OF HOBBIES AND CRAFTSMANSHIP.

ARTICLE IV:
REGISTERED AGENT

TRENIKA L. STOVALL
3906 LA FLOR DRIVE
ROCKLEDGE, FL 32955

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.


Registered Agent's Signature (REQUIRED)

ARTICLE V:
AUTHORIZED MANAGERS/MEMBERS

The name and address of each person authorized to manage and control the
Limited Liability Company:

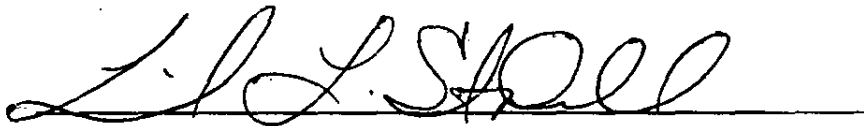
TITLE: MGR
TRENIKA L. STOVALL
3906 LA FLOR DR
ROCKLEDGE, FL 32955

ARTICLE VI:
EFFECTIVE DATE:

The effective date for this Limited Liability Company shall be:

April 9, 2015

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member

Dated: 4/6/15

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Trenika L. Stovall

Typed or printed name of signee

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2015 APR -9 PM 2:10
TALLAHASSEE, FLORIDA