

From:

Division of Corporations

09/26/2016 11:08

#422 P.002/005

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H15000106407
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (614) 227-1936
Fax Number : (239) 593-2990

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mbclary@porterwright.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INSPIRELINK SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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2016 SEP 26 AM 11:20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**D. BRUCE
SEP 27 2016**

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Corporate Filing Menu

Help

From:

09/26/2016 11:08

#422 P.003/005

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

InspireLink Solutions, 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 6/22/2015 and assigned
Florida document number L15000106407

This amendment is submitted to amend the following:

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

InspireLink, LLC

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

From:

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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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

2016 SEP 26 A 9:43
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#422 P.005/005

SECRET
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

2018 SEP 26 A 9:43
SECRETARY OF DEFENSE
PENTAGON STAFF, PENTAGON

DE

(b) The 90th day after the record is filed.

Dated 9-25 2016

E. E.

Signature of a member or authorized representative of a member

Brian Benson

Typed or printed name of signer