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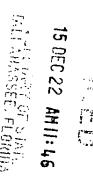
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	Inspyre PEC	*		
SUBJI			ited Liability Company	ress  d Zip Code  dure annual report notification)  3 221-4242 a Code Daytime Telephone Number  Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy Certified Copy Certified Copy
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Gail Martin Abercrombie		
			Name of Person	
		Sivyer Barlow & Watson,	P.A.	
			Firm/Company	<del></del>
		401 East Jackson Street, St	uite 2225	
			Address	
		Tampa, FL 33602		
			City/State and Zip Code	
		bcleghorn@omsgroup.com		
For fur	ther information co	oncerning this matter, please ca	•	cation)
Gail M	artin Abercrombie		813 221-4242	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
■ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Add
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	(C)	
fective date, if other than the date of filing:	ng.) Bursuar te will not	be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m The 90th day after the record is filed.	. on the	earlier
ted December 21  Signature of a member or authorized representative of a member		#*************************************
Gail Martin Abercrombie		

Page 3 of 3

Filing Fee: \$25.00