11/18/24, 3:47 PM

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To:

Division of Corporations

15512148442

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future 8 annual report mailings. Enter only one email address please. 🗃

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANIELLE RACHPAUL, LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANIELLE RACHPAUL, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) offity Company)	
The Articles of Organization for this Limited Liability Company we Florida document numberL15000158375		_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
Inspired Promotions LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	eviation "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)		
-	()	5 22
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name	of the new registered
		S :
Name of New Registered Agent:		至日
New Registered Office Address:	P	·
	Enter Florida street address	日で
	. Florida	

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.

City

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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
<u>_</u>			□Add
		·····	□Remove
			☐ Change
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		***************************************	□Change
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			□Change

Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.7 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after rd is filed. Dated November 18 2024 Kurning Char Signature of a member or authorized representative of a member		
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Signature of a member or authorized representative of a member	Kunning Chen	
	Signature of a member or authorized representative of a member	
Kunning Chen, Attorney-in-Fact	Kunning Chan, Attarnay in Fact	

Filing Fee: \$25.00