## L16 0000 48408

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
, ,	
(Document Number)	
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Certified Copies Certificates of Statu	ıs
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
Inspiring	g Radiance, LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Janet Garcia		
	-	Name of Person	
	Inspiring Radiance, LLC		
	-	Firm/Company	<del></del>
	PO Box 904		
		Address	
	Indiantown, FL 34956		
		City/State and Zip Code	
	info@janetgarcialesw.com	to be used for future annual report notifi	(cation)
For further informatio	n concerning this matter, please c		Carrony
Janet Garcia		at () 266-3064 Area Code Daytime	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inspiring Radiance, LLC						
(Name of the Limited Li	ability Compar	y as it now appears on our recordability Company)	<u>ds.</u> )			
(	orida Billinoa B					
The Articles of Organization for this Limited Liabili	ty Company	were filed on $3/8/3$	ع) ا U <del>(</del>	and	assig	ned
Florida document number <u>L160000484</u>	08.					
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabi	lity company here:				
N/a						
The new name must be distinguishable and contain the words '	"Limited Liabili	ty Company," the designation "LLC	C" or the al	bbreviation	"L.L.	C."
Enter new principal offices address, if applicable:	•	901 SW Martin Downs Blvd				
(Principal office address MUST BE A STREET ADDRESS)		Suite 301				
The state of the s	<del></del>	Palm City, FL 34990		,		
						<del></del>
Enter new mailing address, if applicable:		N/a				
(Mailing address MAY BE A POST OFFICE BOX	<b>7</b> 1	<del> </del>				
Muning duaress MAT BE ATOST OFFICE BOX	1					
				-		
B. If amending the registered agent and/or re	egistered off	ice address on our record	s enter	the pan	ne of	the new
registered agent and/or the new registered office a			o, <u>circi</u>	tiic nan	ic 01	the nev
Name of New Registered Agent: N/	⁄a			[-]	6	
<u> </u>				<b>3</b>		
New Registered Office Address:		Enter Florida street addre.	SS	0) 11 0) 2: 0) -:	27	TANAN TANAN
						Frank Frank
		, FI	lorida	⊋ <del>Zip</del> Co	<del></del>	k, , , , i
New Registered Agent's Signature, if changing Regist	tered Agent:	•		REC.	is V	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NIA	N/A	N/A	□ Add
			□ Remove
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fective date, if other than the date of filing:	ු දිනි (optional)	

Page 3 of 3

Filing Fee: \$25.00