LIL 0000 94196

(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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COVER LETTER

Division of Co	rporations			
	ntures LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kyle Gellis			
		Name of Person		
	Inspire Ventures LLC			
	127	Firm/Company		
	601 Heritage Dr Ste			
		Address	7 4 3 5 5 5 5	9
	Jupiter, FL 33458			
	kyle@inspireventuresllc.co	City/State and Zip Code m		2 januar
	E-mail address: (to be used for future annual report notifi	cation) -	D :
For further information of	concerning this matter, please c	all:		? ?
Kyle Gellis		561 308-0695 at ()	್ ::	ン ロ
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 St Certified Copy (additional copy is e	atus &

MAILING ADDRESS:

TO:

Registration Section

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

mpany as it now appears on ted Liability Company)	our records.)
any were filed on	and assigned
liability company here:	
iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
<u> </u>	
	2113 JUL 17 18 JUL 18 18 18 18 18 18 18 18 18 18 18 18 18
l office address on out	r records, enter the name of the
Enter Florida si	treet address
City	, Florida Zip Code
<u> </u>	iability company here: iability Company," the design d office address on outhere: Enter Florida sa

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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address /27	Type of Action
AMBR	Kathleen Gellis	601 Heritage Dr Ste	≅ Add
		Jupiter, FL 33458	— 7.00
		Jupiter, FL 33436	□ Remove
			□ Change
			□ Add
			□ Remove
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fective date, if ot	her than the date	of filing:			(optional)		
in effective date is list	ed, the date must be sp erted in this block d	secific and cannot b			190 days after filing) Pursuan	
	date on the Departr			nory ming requi	irements, this date	WIII HOL	De listeu
	s a delayed effe fter the record i		ut not an eff	ective time,	at 12:01 a.m.	on the	earlier
July 8		2016					
ited	<u></u>	,					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00