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D. BRUCE APR 28 2017

COVER LETTER

	tration Section of Corpor				
Т	he Imani Hou	use Group Home, LLC			•
SUBJECT: _					
The enclosed A	Articles of Am	nendment and fee(s) are subr	nitted for filing.		
Please return al	ll corresponde	ence concerning this matter t	o the following:		
		Tamala D Smith			
			Name of Person		
			Firm/Company		
		601 Rosery RD., NE Apt. 9			
			Address		
		Largo, FL 33770			
			City/State and Zip Code		
		tamalasmith43@gmail.com			والمراجع المعروب
		·	o be used for future annual report notific		
For further info	ormation conc	erning this matter, please ca	ll:	SEC SEC	and it
Tamala D Smi	th		269 254-2707 at ()	AFE TO	
	Name of Pe	rson	Area Code Daytime	Telephone Number 2	m
Enclosed is a cl	heck for the f	ollowing amount:		STATE ORDER	
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fiting 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

The Imani House Group Home, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	- -
The Articles of Organization for this Limited Liability Co Florida document number L16000201449	mpany were filed on 11/1/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
BeInspired Services, LLC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	(222	<u> </u>
		S 22
Enter new mailing address, if applicable:		APR S
(Mailing address MAY BE A POST OFFICE BOX)		7 7
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		7. 64
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

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

	Manager Authorized Member
<u>Title</u>	<u>Name</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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CC - Alexandra - 10 - Alexandra - Alexandra					(. !	- a N		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00