117000012343

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	Registration Sec Division of Corp			
cup tra		& INSPIRE LLC		
SUBJEC	:1:	Name of Limi	ted Liability Company	
			-	
Please re	turn all correspoi	ndence concerning this matter t	to the following:	
		RENE RAMOS		
			Name of Person	
		IMAGINE & INSPIRE LL	С	
			SPIRE LLC Name of Limited Liability Company Indiment and fee(s) are submitted for filing, ce concerning this matter to the following: EENE RAMOS Name of Person MAGINE & INSPIRE LLC Firm/Company 3312 TWIN WOOD LANE #1806 Address ORLANDO, FLORIDA 32837 City/State and Zip Code tagineinspire.us@gmail.com E-mail address: (to be used for future annual report notification) rning this matter, please call: at (407	
		13312 TWIN WOOD LAN	TE#1806	806
			Address	
		ORLANDO, FLORIDA 32	837	
			-	
				cation)
For furth	er information co	·	·	
	A LIZCANO	Ç ,	407 2884760	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

IMAGINE & INSPIRE LLC				
(<u>Name of the Limite</u> ' (d Liability Compa A Florida Limited I	ny as it now appears on our r Jability Company)	ecords.)	
The Articles of Organization for this Limited Lia Florida document number L17000012343				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
IMAGINE & INSPIRE, LLC	-			
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	13312 TWIN WOOD LANE #1806		
(Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:		13312 TWIN WOOD LA		
(Mailing address MAY BE A POST OFFICE B	OX)	ORLANDO, FLORIDA,	32837	
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:	r registered office address here	fice address on our rec	ords, <u>enter the name of the new</u>	
New Registered Office Address:	13312 TWIN WOOD LANE #1806 ORLANDO FLORIDA			
	ORLANDO, FL	Enter Florida street a		
	OKLANDO, FL	OKIDA	, Florida <u>32837</u>	

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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>	<u>Address</u>	Type of Action
AMBR	MONICA LIZCANO	13312 TWIN WOOD LANE #183€	■ Add
		ORLANDO FL, 32837	Ε.
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ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc	e specific and can	not be prior to date of filing	or more than 90 days a filing requirements,	fter filing.) Pursuan this date will not	it to 605.020 be listed a
ocument's effective date on the Dep	artment of State	e's records.			
e record specifies a delayed e	affective date	n but not an offocti	ve time lat 12:0	1 am on the	earlier (
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	RENE	PAUDE		ELLO TIS.	
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Page 3 of 3

Filing Fee: \$25.00