# L17000015065

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(Document Number)	
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SECHETAKY OF STATE
TALLAHASSEE, FLORIDA

### **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: INSPICON Name	2 LLC . of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this	matter to the following:
7056	SAFDIE Name of Person
INSPI	Firm/Company
1940	O TURNBERRY WAY # 1112
AUENT Jose E-mail ad	City/State and Zip Code  SAFDIETOGMAIL. COM  dress: (to be used for future annual report notification)
For further information concerning this matter, pl	ease call:
JOSE SAFDIE  Name of Person	at (305) 3 99 - 8241  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of Sta	

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

inspire	N2, LLC	
(Name of the Lim	ted Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L. Florida document number L 170000	iability Company were filed on <u></u> <u>イSo6</u> 5	1/19/17 and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of	f the limited liability company here	<u>2</u> :
The new name must be distinguishable and contain the	vords "Limited Liability Company," the desi	ignation "LLC" or the abbreviationL.C."
Enter new principal offices address, if appli	cable:	नि क्ष म
(Principal office address MUST BE A STREE	ET ADDRESS)	531
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		PH 1: 29 PH 1: 29 PH 1: 29
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter the name of the nev</u>
Name of New Registered Agent:	<del>_</del>	
New Registered Office Address:	Enter Florida	a 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

	Authorized Person(s) authorized to man <u>rom our records</u> :	rage, enter the title, name, and address of each	person being adde
MGR = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M6R	BARUH, MOCHE	20335 HIGHLAND LAKES BLUD MIAMI, FL, 33179	O Add
			Remove
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D. If an	nending any other information, ent	 er change(s) here: (Attach additional sheets, if necessary.) 	
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F Fffee	ctive date, if other than the date of	 	
(If an c <u>Note</u>	effective date is listed, the date must be specif	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 not meet the applicable statutory filing requirements, this date will not be listed	.0207 (3)(b ed as the
	ecord specifies a delayed effecti e 90th day after the record is fi	ye date, but not an effective time, at 12:01 a.m. on the earlied.	er of:
Date	a 09/11/17	<u> </u>	
	<u> </u>		
	Signature	of a member or authorized representative of a member	
	<b>フ</b> 」 S		
		Typed or printed name of signee	
	ĺ	Page 3 of 3	

Filing Fee: \$25.00