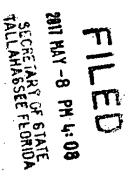
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J. HARRIS

COVER LETTER

TO:	Registration Se Division of Cor						
	HIP2 Nspir	e, LLC					
SUBJECT: Name of Limited Liability Company							
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Hellena Pugh					
		· · · · · · · · · · · · · · · · · · ·	Name of Person				
		Hip2bHIP LLC					
		Address					
		Jacksonville, Florida 3222	2				
		hip@hip2bhip.net	City/State and Zip Code				
		E-mail address: (to be used for future annual report notific	ation)			
For fur	ther information co	oncerning this matter, please ca	all:				
Hellen	na Pugh		904 600-4464 at () Area Code Daytime 7	Felephone Number			
	Name of	Person	Area Code Daytime T	Felephone Number			
Enclos	ed is a check for th	e following amount:					
□ \$2	5.00 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

Hip2 Nspire, LLC					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	and assigned				
This amendment is submitted to amend the following:		·			
A. If amending name, enter the new name of the limited lial	bility company here:				
Hip2bHIP LLC					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."			
Enter new principal offices address, if applicable:	9526 Argyle Forest Blvd, Ste B2-377				
(Principal office address MUST BE A STREET ADDRESS)	DRESS) Jacksonville, FL 32222				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9526 Argyle Forest Blvd, Ste B2-377 Jacksonville, FL 32222	THAY -8 PHILANASSEE FL			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter				
Name of New Registered Agent:					
New Registered Office Address:	P				
	Enter Florida street address				
	, Florida	Zip Code			
	City	zip Coae			

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

<u> Citle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
	-		☐ Change
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			AHR AHR
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ective date, if other than the effective date is listed, the date is: If the date inserted in this is ument's effective date on the eccord specifies a delaying 90th day after the record specifies.	s block does no e Department o yed effective	of meet the appl of State's record e date, but r	licable statutory is.	filing requiren	nents, this date	will not be lis	sted as t
April 14th		2017					
			>				
	Signature of	a member or au	thorized represen	ative of a memb	er	A SE	
HELLENA PUGH	e-politic of	a member of au	morizou represen	and of a memo	~.	AHAS	MAY -
		Typed or pri	nted name of sign	ee		338	8 PH

Filing Fee: \$25.00