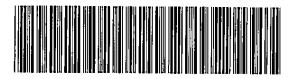
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Ms Jimenez confirmed
that are not changing that are not changing
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Admire + Inspire LLC. Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Joylf Jimenez Name of Person		
ADMIRE + INSPICE LLC.		
1421 Sheafe Ave #102		• 1
Palm BAy, FL 32905 City/State and Zip Code	19 AUG 19-PH 2: 30	
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	2: 30	317.15
Joyle America at (321) 501-3242 Name of Person Area Code Daytime Telephone Number	-	
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee & Certified Copy (additional copy is enclosed) S25.00 Filing Fee & Certified Copy (additional copy is enclosed)	Status &	

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

Admire & Ir	TSPIRE LLC.
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L170008809.1</u>	pany were filed on $\frac{60000}{4 20 17}$ and assigned
This amendment is submitted to amend the following:	6
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and/contain the words "Limited	Liability Company, use occurrence
Enter new principal offices address, if applicable:	2745 MALABAR RO. MALABAR EL 32950
(Principal office address MUST BE A STREET ADDRES.	
Enter new mailing address, if applicable:	1421 Sheafe AVE #102
(Mailing address MAY BE A POST OFFICE BOX)	Palm Bay, FL 32905
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent: EDIC	Property Holdings 1804 LLC.
New Registered Office Address:	Enter Florida street address
Po	Im BAY, Florida 32905 Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Epic Property Holdings 1804 LC.	2745 MAIABAR RO	<u>Á</u> Add
	, -		□ Remove
			Change
			☐ Remove
			☐ Change

			Remove
			Change
			☐ Remove
			☐ Change
			Remove
			☐ Change
			Add
			Remove
			Change

**	
neffecti o <u>te:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.
ted	8/14/19 , 2019.
	2012
	/ Signature of a member or authorized representative of a member