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COVER LETTER

	Designs LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
riease return att corresp	ondence concerning this matter Linda D Cote	to the following:			
		Name of Person			
	Inspiring Designs LLC				
		Firm/Company			
	5922 Ridgeview Drive		: 1 ;	ro La Sua	
		Address		2318 JUN	1]
	Milton FL 32570				
	inspiringdesigns7@gmail.co			ئ کی (
For further information	E-mail address: (concerning this matter, please o	to be used for future annual report notificall:	eation)	27	
Linda Cote		850 291-7724 at ()			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is	atus &	

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

Inspiring Designs LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recordida Limited Liability Company)	<u>ds.)</u>
he Articles of Organization for this Limited Liability	Company were filed on January 25, 2018	and assigned
lorida document number L18000027433	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
RAVEL LIFE LLC		.
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "1.1.0	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		· <u> </u>
Principal office address MUST BE A STREET ADI	ORESS)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or reg egistered agent and/or the new registered office ad		ls, enter the name of the
Name of New Registered Agent:	*****	
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addre	WA
		lorida
	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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			Remove
			: EChange
			Add Remove
		 	Remove
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an effective date is li Sote: If the date in	other than the dat isted, the date must be iserted in this block re date on the Depar	specific and cannot does not meet the	applicable statute	ling or more than 90 ory filing requirer	(optional) days after filing.) I nents, this date w	Pursuant to 605. ill not be liste	0207 (3 ed as th
	ies a delayed ef after the record		out not an effe	ctive time, at	12:01 a.m. oi	n the earlie	er of:
Dated		<u> </u>	e 5/2	1			

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Typed or printed name of signee

Filing Fee: \$25.00