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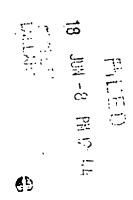
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	SHARE FU	JN LLC		
SUBJE	(, I	Name of Lin	ited Liability Company	
The one	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	etum all correspo	ondence concerning this matter	to the following:	
		ANA MARIA LOPEZ		
			Name of Person	
		SHARE FUNILLO		
			Firm/Company	
		3500 CORAL WAY #704		
			Address	
		CORAL GABLES, FL 33	145	
			City/State and Zip Code	
		SHEARFUNINSPIRES@C E-mail address: (iMAIL.COM to be used for future annual report notif	ication)
For furth	her information c	oncerning this matter, please c		
ANA N	IARIA LOPEZ		786 370-2044	
	Name o	r Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURT Registration Section Division of Corpora	าเ

P.O. Box 6327 Tullahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARE FUN LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Compar	ny were filed on <u>04/16/2018</u>	and assigned
lorida document number L18000094949		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ibility company here:	
NSPIRING BEAUTY LIFESTYLES LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		Cri (r)
nter new mailing address, if applicable:		5
••		; <u> </u>
<u>lailing address MAY BE A POST OFFICE BOX)</u>		M.
	-	
. If amending the registered agent and/or registered egistered agent and/or the new registered office address ho		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lince i in the section (1)	
	, Flo	
	Cit_V	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 = Manager

AMBR = 2	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			_ □ Change
			Add
			Remove
			Change
			Remove
			□ Change
			Change Add Remove
			☐ Change
			□ Remove
			□ Remove

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<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
6 5
optional) after filing.) Pursuant to 605.03 , this date will not be listed
-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00