118000118719

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COVER LETTER

TO:

	Registration So Division of Co						
end iez		ground Services, LLC					
SUBJEC	.1:	Name of Lim	ited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Tamala Smith					
			Name of Person				
			Firm/Company				
	Address Largo, FL 33771 City/State and Zip Code		29-11 1711 20				
		Address					
		Largo, FL 33771		م ت آ			
		beinspiredservices@gmail.c	· ·	8: 24			
		E-mail address: (to be used for future annual report not	ification)			
For furth	er information c	concerning this matter, please ca	all:				
Tamala S	Smith		269 254-2707				
	Name (of Person	Area Code Daytir	ne Telephone Number			
Enclosed	is a check for t	he following amount:					
\$25.0	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)			
	Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	on			

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JT's Background Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number <u>L18000118719</u> .	nation "LLC" or the abbreviation "L.L.C." rd. Suite 109	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BeInspired Services, LLC (L16000201449)		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3900 Belle Oak Blvd. Suite 109	· ~ 3:
Principal office address MUST BE A STREET ADDRESS)	Largo, FL 33771	
		<u> </u>
Enter new mailing address, if applicable:	3900 Belle Oak Blvd., Suite 109	29 1
Mailing address MAY BE A POST OFFICE BOX)	Laws 13, 22771	φ
		24
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the name of the ne
New Registered Office Address:		
	Enter Florida 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

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 $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
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n effective date is listed, the date mite: If the date inserted in this becament's effective date on the I	lock does not n	neet the applica				
record specifies a delaye he 90th day after the re	d effective d cord is filed.	ate, but not	an effective	time, at 12:01	l a.m. on t	he earlier d
26th of November		2018				
<u>"</u>	·		- ·			
	~ ~	- 1 J				
lam	a la N	m	ized representative			

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Filing Fee: \$25.00