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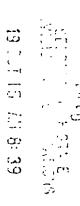
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COVER LETTER

TO:		on Section f Corporations	
our in		RESS CHANGE	
SORTE	CI:	Name of Limited Liability Company	
The enc	losed Article	les of Amendment and fee(s) are submitted for filing.	
Please r	eturn all cor	rrespondence concerning this matter to the following:	
		SILVIA UNTERKREUTER	
		Name of Person	
		REVENUE INSPIRATION, LLC	
		Firm/Company	
		3340 CUMBERLAND BLVD SE APT 739	
		Address	
		ATLANTA. GA 30339	
		City/State and Zip Code	
		SUNTERKR@YAHOO.COM	
		E-mail address: (to be used for future annual report notification)	
For furt	ther informat	tion concerning this matter, please call:	
JAMES	S W. BRYA	N 954 772-7655 at ()	
	N	l'ame of Person Area Code Daytime Telephone Number	,
Enclose	ed is a check	c for the following amount:	· · · · · · · · · · · · · · · · · · ·
\$25	5.00 Filing F	Fee Solutional copy is enclosed Solutional copy is enclosed Solutional copy is enclosed. Solutional copy is enclosed. Solution Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	, ,

MAILING ADDRESS:

TO:

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

REVENUE INSPIRATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 8/15/19	and assigned
Florida document number L19000209004		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the decimation "111	C" or the abbreviation "L. C."
•	5000 N. OCEAN BLVD	o of the anneviation B.B.C.
Enter new principal offices address, if applicable:	APT 409	
(Principal office address MUST BE A STREET ADDRESS)	LAUDERDALE BY THE SEA, FL 33308	
	EXODERDACE DT THE SE	
Enter new mailing address, if applicable:	5000 N. OCEAN BLVD	
(Mailing address MAY BE A POST OFFICE BOX)	APT 409	
	LAUDERDALE BY THE SE	A. FL 33308
Name of New Registered Agent:	<u>·····</u>	
New Registered Office Address:	Enter Florida street addre	AN .
	City	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			Change
			Add
		- 	□ Remove
			□ Change
			□ Add
			□ Remove
			Change

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fan effe <mark>Note:</mark> I	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
Dated	SEPTEMBER 30. 2019
_	
Diffeed _	SEPTEMBER 30. 2019 Llo'a Cale for June 10. Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00