

L20000 179701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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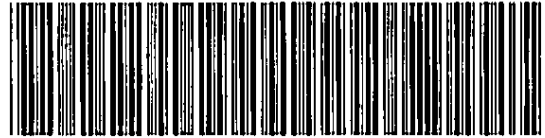
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

D. BRUCE
SEP 30 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSPIRATIONAL 365, 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:

DR. AQUILA WALLACE - KARTER
Name of Person

INSPIRATIONAL 365, LLC
Firm/Company

P.O. BOX 260074
Address

PENNAPOKE PINES, FL. 33026
City/State and Zip Code

REEN0040@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. AQUILA WALLACE - KARTER at (305) 776-0439
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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INSPIRATIONAL 365, 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 06/26/2020 and assigned Florida document number L20000179701.

This amendment is submitted to amend the following:

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," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida *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 = Authorized Member

Title	Name	Address	Type of Action
CEO	WALLACE-KARTER, ^{DR.} AQUILA C.	5606 N. 32ND STREET	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WALLACE-KARTER, RICH	P.O. BOX 260074	<input type="checkbox"/> Add
		PEMBROKE PINES, FL. 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P (PRESIDENT)	KARTER, KASHMERE A.	P.O. BOX 260074	<input type="checkbox"/> Add
		PEMBROKE PINES, FL. 33026	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S (SECRETARY)	WALLACE-KARTER, RICH	P.O. BOX 260074	<input type="checkbox"/> Add
		PEMBROKE PINES, FL. 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP (AUTHORIZED PERSON)	KARTER, KASHMERE	P.O. BOX 260074	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL. 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 APR 12 AM 6:29
SECRETARY
TALLAHASSEE, FL
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2020 AUG 12 AM 6:28
SECTION 0071 - 100 FT
TALLAHASSEE, FL

10

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUG 10, 2020 6:00AM
[Signature]
 Signature of a member or authorized representative of a member

DR. AQUILA CHRISTINA WALLACE-KARTER
Typed or printed name of signer