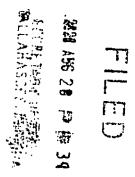
LZO 000180689

(Requ	estor's Name)	
(Addr	ess)	
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(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<u>—</u>	_	_
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Codified Copies	Cortification	of Status
Certified Copies	Certificates	or Status
Special Instructions to Fil	ling Officer:	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
TID IDATE.	Nspyre Xel			•		
OBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Jada Holton				
			Name of Person	<u></u>		
			Firm/Company			
		10769 sw 245th st				
			Address			
		Homestead/FL 33032				
			City/State and Zip Code			
		nspirexclusive@gmail.com				
		h-mail address: (to be used for future annual report not	ification)		
For further in	nformation c	oncerning this matter, please ca	all:			
Colleen Cla			305 305910413 at ()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	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)		
	iling Addres gistration S		Street Address:	action		
7	-	Section forporations	Registration Section Division of Corporations			
). Box 632		The Centre of	•		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nspyre Xclusive LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recortability Company)	ds.)		•
The Articles of Organization for this Limited Liability Company 1.20000180689 Limited Liability Company 1.20000180689	were filed on		and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Nspire Xclusive LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LL	C" or the ab	breviation '	L.IC."
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)	"			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	the ham	e ef the n	ew registered
		7'- "g 33' la	SES	-17
Name of New Registered Agent:		25	√2	
New Registered Office Address:		Prince-	TO	FFI
New Registered Office Address.	Enter Florida street addre	ss E	137	
	E	4.00 1.000	ъJ.	
	City , r	lorida <u> </u>	Zip Cod	le
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	performance of my duties, a	nd I am f	amiliar v	

If Changing Registered Agent, Signature of New Registered Agent

If ame-ding 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jada Holton	10769 sw 245th st	■ Add
			□Remove
			□ Change
			□Add
			□ Remove
		 	Change
			□Add
			□Remove
			Change
			□Add
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			□ Remove
			☐ Change
			□Add
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			Change

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ctive da	te, if other tha	n the date o	06 Cfiling:	/29/2020			(0.4:	- N	
effective d	ate is listed, the di	ate must be spec	ific and cann	ot be prior to d	late of filing or	more than 90	(option) days after fili	ng.) Pursuant to	605.020
<u>er</u> irine e	date inserted in ffective date on	unis diock doe	s not meet t	he applicable	e statutory fi	ling requiren	ents, this da	ite will not be	listed a
	incente danc on	the Departine	in or state :	s records,					
ord mani	fion o dolovod a	00		ner it it					
oru speci filed.	fies a delayed ef	necuve date, t	out not an ei	rective time.	at 12:01 a.r	n. on the earl	ier of: (b)	The 90th day a	fter the
Augus	t 21 2020								
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			1						
_		Signatui	e of memb	er or authorize	ed representati	ive of a memb	<u></u>		
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