

L20000218482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

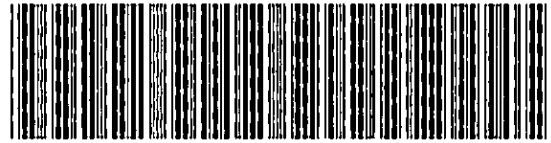
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



700374237807

10/04/21--01013--007 **52.50

10/22/21--01003--004 **7.50

2021 OCT 15 AM 10:19

RECEIVED

cc/ccis
Amend
Name chg

OCT 22 2021

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSPITURE LLC
Name of Limited Liability Company

~~2021-05-15 AM 8:23~~

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEENA PATEL
Name of Person

Name of Person

INSPITURE LLC
Firm/Company

Firm/Company

7401 WILES ROAD SUITE 322
Address

Address

CORAL SPRINGS | FLORIDA 33067
City/State and Zip Code

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEENA PATEL
Name of Person

Name of Person

at (954) 507-7686
Area Code Daytime Telephone

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)

(additional copy is enclosed)
DIFFERENCE OF PAYMENT
IS \$7.50
ALREADY SENT \$52.50
(SPOKE TO IRENE)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2021

NEENA PATEL
7401 WILES ROAD
STE. 322
CORAL SPRINGS, FL 33067

SUBJECT: INSPITURE LLC
Ref. Number: L20000218482

We have received your document for INSPITURE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file with a certified copy and a certificate of status is \$60.00.

There is a balance due of \$7.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 121A00024618

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

INSPIRE 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 07/24/2020 and assigned,
Florida document number L20000218482

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MOMMY'S OWN MILK LLC

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)

7401 WILES ROAD

SUITE 322

CORAL SPRINGS, FL 33067

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7401 WILES ROAD

SUITE 322

CORAL SPRINGS, FL 33067

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:

N/A

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NEENA PATEL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7401 WILES ROAD, SUITE 322	<input checked="" type="checkbox"/> Change
		CORAL SPRINGS, FL 33067	
AMBR	JIGNESH PATEL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7401 WILES ROAD SUITE 322	<input checked="" type="checkbox"/> Change
		CORAL SPRINGS, FL 33067	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A


E. Effective date, if other than the date of filing: N/A (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 OCTOBER 11 2021


Signature of a member or authorized representative of a member

NEENA PATEL

Typed or printed name of signee