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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(Only, Clate, 2, p. 110 no n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

INSPIREI SUBJECT:	D BY HOMES LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all correst	oondence concerning this matter to	o the following:	
	Isna Jean-Louis		
		Name of Person	
	Visionary Strategic Planning	g LLC	
		Firm/Company	
	300 North Ronald Reagan B	ilvd 308	
	V	Address	
	Longwood, FL 32750		
	isna@imspc.group	City/State and Zip Code	
	, -	be used for future annual report notifi	cation)
For further information	concerning this matter, please cal	I.	
Isna A Jean-Louis		352 255-6482 at ()	
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 radditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSPIRED BY HOMES LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Comp	any were filed on 10/30/2020	and assigned
orida document number 120000345046		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" c	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
•	_	(17) (13)
		: ; ;
nter new mailing address, if applicable:		- 1
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		7
b. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address		
New Registered Office Address	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flor	ida
· 	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>	Name	Address	Type of Action
MGRM	Selena M Peterson	3267 Dellbrook Dr	
		Deltona, FL 32738	[]Remove
			□ Change
AMBR Robert A Peterson Sr	Robert A Peterson Sr	3267 Dellbrook Dr	
		Deltona, FL 32738	_
			■ Change
			□Add
		□Remove	
			Change
			□Remove
		□ Add	
			Remove
			□Change
		□Add	
			□Remove
			□Change



If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
e recor ord is fi	d 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 ed.
Dated	October 15 2023.
	Signature of a member or authorized representative of a member
	Selena M. Peterson

Filing Fee: \$25.00