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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations		
eus irzer	INSPIRET	IEALTH AND WELLNESS L	LC	
SUBJECT:		Name of Lin	nited Liability Company	-
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		DEBORAH HAMMER		
			Name of Person	
		HAMMER NAVARRO &	ASSOCIATES	
			Firm/Company	
		400 NW 74 AVENUE		
		-	Address	
		PLANTATION, FL 3331	7	
			City/State and Zip Code	
		DHAMMER@ШААСРА		
		E-mail address: (to be used for future annual report n	otification)
or further in	formation c	oncerning this matter, please c	all:	
SAM HAMN	ИER		954 3706100	
-	Name o	f Person	at ()	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres istration S		Street Address: Registration S	Section
Div	ision of C	orporations	Division of Co	orporations
P.O	. Box 632	7	The Centre of	Tallahassee

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSPIRE HEALTH AND WELLNESS LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on DECEMBER 9, 2020	and assigned
Florida document number L20000385192		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
INSPIRE EXERCISE MEDICINE LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
-		
Principal office address MUST BE A STREET ADDRESS)		
-	-	
		25
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		ر. سرسر
-		<u> </u>
3. If amending the registered agent and/or registered office add	dress on our records, enter the name	e of the new registere
gent and/or the new registered office address here:		···
		\
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
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		.	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	,
	
	<u> </u>
Effective date, if other than the date of filing:	to 605.0207 (3) be listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da ord is filed.	y after the
Dated MARCH 18 2021	
Mounell	
Signature of a member or authorized representative of a member	
JAMES EBUNNELL	

Filing Fee: \$25.00