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COVER LETTER

TO: Registration S Division of Co		*	% .
SUBJECT:	spired Hom	C Propertics L	<u>IC</u>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Jordana	Price Name of Person	
		Firm/Company	
	3449 La	ura struct	
	Tallahacsu	City/State and 7 in Code	
	insofred how E-mail address: (rup roper HTS @ amail to be used for future annual seport noti	· lom fication)
For further information	Tallahacsul P 32305 City/State and Zip Code insofred homeproperths (a gmail-10m) 12-mail address: (to be used for future annual export notification) remation concerning this matter, please call: dama Price at (950) 229-5217 Name of Person at (950) Daytime Telephone Number eck for the following amount: ag Fee S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed)		
Jordana	Price	at (<u>450</u>)229-	5217
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
♥ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration			ction

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

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 Home	Droperties LLC	
(<u>Name\of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Com Florida document number L 21 0005 3 4 6 5	pany were filed on 12-21-	2 l and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>	2022 St.
		<u> </u>
		2 2 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		GRA T
	, 	, 12 6
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
regimered office / finders.	Enter Florida street addres.	<i>y</i>
	Flo	orida
	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 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>	Address	Type of Action
A	MBR	Reysan cotton	1243 NW Beaman St.	🗆 Add
			Mountain Home 1D 93647	- □Remove
				□Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor d is fil	
Dated	1-21-22 2022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00