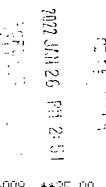
# L22000010296

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PICK-UP	☐ WAIT ☐ MAIL
	Business Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer
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## CORPORATE When you need ACCESS to the world ACCESS, \_\_\_\_\_

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**ENSPIRE TECHNOLOGIES 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  $\frac{01/06/2022}{1}$ and assigned Florida document number L22000010296 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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 ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  $C^{\pi}$ 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

\_, Florida \_

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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AP	WAYNE S. BELL	21218 ST. ANDREWS BLVD, SUITE 735	□Add
		BOCA RATON, FL 33433	■Remove
		<del></del>	□Change
AR	LISA C. BELL	21218 ST. ANDREWS BLVD, SUITE 735	🗆 Add
		BOCA RATON, FL 33433	ZERemove
MGR	WAYNE S. BELL	21218 ST. ANDREWS BLVD, SUITE 735	Change
<del>-</del>	WATRE S. DEEL		
		BOCA RATON, FL 33433	⊕Remove
			Change
MGR	ISA C. BELL	21218 ST. ANDREWS BLVD, SUITE 735	■Add
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effective date, if other than the date of filing:  If the date inserted in this block does not meet the applicable statutory filing recoment's effective date on the Department of State's records.		;.) Pursuant to 605
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	he earlier of: (b) Th	ne 90th day after
ed January , 26		
- File Ward		
Signature of a member or authorized representative of a	member	<del></del> .

Filing Fee: \$25.00