

L2200025936d

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

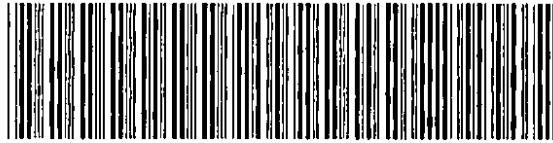
and Copies _____

Certificates of Status _____

Additional Instructions to Filing Officer.

J. HORNE
JAN 23 2023

Office Use Only



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2023 JAN 20 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FL



1/11/23

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ \$25.00

AUTHORIZATION:

Inspirational Apparel Co LLC

Business Name

Document Number, (if known):

L22000259366

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ **Statement of Authority**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL()

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

AMINIER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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☐ Other

ADMINISTRATOR'S INITIALS: _____

**Registration Section
Division of Corporations**

Inspirational Apparel Co LLC

JECT: _____
Name of Limited Liability Company

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

return all correspondence concerning this matter to the following:

Kourtney Bibb

Name of Person

Firm/Company

6805 WEST COMMERCIAL #1094

Address

TAMARAC , FL 33319

City/State and Zip Code

Heavenlywaxco954@gmail.com

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

urther information concerning this matter, please call:

Kourtney Bibb _____ at (561) 909-8070
Name of Person Area Code Daytime Telephone Number

osed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

R = Manager
BR = Authorized Member

BR = Authorized Member

Type of Action☐ Change

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

Effective date, if other than the date of filing: _____ (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.

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 document is filed.

Dated 01/01/2023 , KB

Kourtney Bibb

Signature of a member or authorized representative of a member

Kourtney Bibb

Typed or printed name of signee