## 12200352767

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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 $\mathcal{L}^{p} = \{(x_{i_1}, \dots, x_{i_{p-1}}) \mid (x_{i_p}, \dots, x_{i_{p-1}}) \in \mathbb{R}^{p \times p} \mid x_{i_p} \in \mathbb{R}^{p \times p} \}$ 

2022 AUG 19 AM 9: 50
SECRETARISHES TAYE TALLAHALLER FLORION

A. BUTLER AUG 1 9 2022

## **COVER LETTER**

TO: Registration Se Division of Cor		·		
ISPIRAZIO			•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	IVAN BRAVO			
		Name of Person		
	RED SQUARE ACCOUN	TING AND TAX LLC		
		Firm/Company		
	6052 TURKEY LAKE RE	SUITE 144		
		Address		
	ORLANDO FL 32819			
		City/State and Zip Code		
	INFO@REDSQUARETAN	CCOM to be used for future annual report noti	toution	
For further information of	oncerning this matter, please c		Healthay	
	oncerning this matter, prease e			
IVAN BRAVO		407 717-8150 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

ISPIRAZIONE LLC

2022 AUG 19 AM 9: 51

(Name of the Limit	ed Liability Company	as it now appears on or bility Company)	ur records.)	
	(A Fiorida Limited Lia	buity Company)	CECRETALL AT STATE	
The Articles of Organization for this Limited Li	inhility Company w	oro filod on 08/10/20	22 The are his JEE Florid resigned	
		creatiled on	and assigned	
Florida document number 1.22000352707	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	<u>.</u>		
(Principal office address MUST BE A STREE	TADDRESS)			
	•		<u>.</u>	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE .	<u>BOX)</u>		<u>-</u>	
	•			
B. If amending the registered agent and/or r	egistered office ad	dress on our record	s, enter the name of the new registered	
agent and/or the new registered office address				
Name of New Registered Agent:	RED SQUARE A	CCOUNTING AND T	'AX, LLC	
New Registered Office Address: 6052 TURKEY LAKE RD SUITE 144				
New Registered Office Address.		Enter Florida stre	vet address	
	ORLANDO		Florida 32819	
	-	City	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
The second secon				

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>	<u>Name</u>	Address	Type of Action
AMBR	IORDACHE, CLAUDIU	7512 DR PHILLIPS BLVD STE 50-204	□Add
		ORLANDO, FL 32819	≣Remove
			Change
			□Add
			□Remove
			□Change
			Add
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		<del></del>	Change
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ffective date, if other than the data meffective date is listed, the date must be some. If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be k does not meet the a	applicable statut	iling or more than 90 ory filing require	(optional) Days after filing.) Pr ments, this date wi	irsuant to 605,0207 ( Il not be listed as tl
record specifies a delayed effective d I is filed.	late, but not an effect	tive time, at 12:	01 a.m. on the ear	lier of: (b) The 9	0th day after the
ated AUGUST 17	2022				
<u> </u>					
	gnature of a member of	auf	_		

Filing Fee: \$25.00