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(Requestor's Name)		
(Address)		
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(City/Chata/Fig/Dhana 40)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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FEB 1 3 2023

TO: Registration Section
Division of Corporations

INSPIREHOMEGOODSLLC

SUBJECT:		
	Name of Limite	ed Liability Company
The enclosed Articles of	Amendment and fec(s) are subm	nitted for filing.
Please return all correspo	ndence concerning this matter to	the following:
	Zsuzsanna Burjan	
	INSPIREHOMEGOODSLI	Name of Person
	3455 NE 5TH AVE UNIT 2	Firm/Company 3
	Oakland Park 33334 FL	Address
	SUZY.BURJAN@GMAIL.C	
	E-mail address: (to	he used for future annual report notification)
For further information of Zsuzsanna Burjan	concerning this matter, please cal	II: 754 3046432
Name o	of Person	at ()
Enclosed is a check for t	he following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55 00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

INSPIREHOMEGOODSLLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number		and assig
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited i	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		o of the new room
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the nam	e of the new re
		· 2
Name of New Registered Agent:		· 1 153
		(.) (.)
New Registered Office Address:	Frier Florida street address	· · · ·
	, Florida	71, TO
	City	Zip Code 🤼
New Registered Agent's Signature, if changing Registered Age	\ <u>ent:</u>	Ω
I hereby accept the appointment as registered agent and	agree to act in this capacity. I further ag	ree to comply v
provisions of all statutes relative to the proper and complete	lete performance of my duties, and I am j	familiar with at
accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	as provided for in Chapter 605, F.S. Or,	if this docume.
company has been notified in writing of this change.	nee address, I hereby conjunt mat the in-	

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of a
MGR	Zsuzsanna Burjan	3455 NE 5TH AVE #23, 33334 Oakland Park FL	⊠ Add
			□Remo
			□Chang
AMBR	Zsuzsanna Burjan	3455 NE 5TH AVE #23, 33334 Oakland Park FL	\$\footnote{\omega} \Add
			🗆 Remov
			□Change
			[] Add
			□Remove
			□Change
			□Remove
			□ Change
			🗆 Add
			□ Remove
			Change
			□Add
			🗆 Remove
			□Change

or removed from our records:

If amending any other informa	tion, enter change(s) h	ere: (Attach additional sheets, if necessary.)
	<u> </u>	
·		
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b	st be specific and cannot be p	(optional) originate of filing or more than 90 days after filing.) Pursuant to 605.020 plicable statutory filing requirements, this date will not be listed a
document's effective date on the E	Department of State's reco	rds.
the record specifies a delayed effection of the conditions of the	ve date, but not an effectiv	ve time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
NOVEMBER 29	2022	
Dated		- ·
	Signature of a member or a	authorized representative of a member
Zsuzsanna Burjan		
	Typed or r	printed name of signee
	-,,,,,	
		l .

CH: - C--- C25 00