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2023 JAN 13 AM 7:

ap 3/21/2023

COVER LETTER

TO: , Registration S Division of Co			
SUBJECT:	Spire Cons	ited Liability Company	<u></u>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michele	Schwartz Name of Person	<u> </u>
	<u> </u>	Pirm/Company	
	1922 Lai	Ke Roberts La	arding Dr
	Winter (Sarden, FL City/State and Zip Code	34787 _ ms
For further information (Aichele (0). E-mail address; M 5 3 3 concerning this matter, please co	to be used for future annual report notified all:	diatricalo com fication) CCM
Michel	Schwartz of Person	at (369) 599 Area Code Daytime	F - 11 9 Z e Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inspire Consult Name of the Limited Liability Compan (A Florida Limited L.)	ing, LLC	2023 JAN 13 AH 7: 28
Name of the Limited Liability Compan (A Florida Limited L	y as it pow appears on our records.)	
Name of the Limited Liability Compan (A Florida Limited L.) The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
Inspire Consulting and Educ The new name must be distinguishable and contain the words "Limited Liability"	ration, LLC ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	-	da
	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
			□ ∧dd
		<u></u>	Remove
			Change
			□ Remove
			Change
			□ Add
			□Remove
			□Change
			
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
	11173
Note: If t	date, if other than the date of filing: 11123 (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1110 2023
	Signature of a member or authorized representative of a member Mi Chele Schwartz Tripped or printed pump of signer
	Michele Schwartz
	Typed or printed name of signee