L23000297162

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Office Use Only |



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06/27/23--01030--007 **55.00

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Inspiration t | rowashing Service | es LLC | |
|--|--|---|---|
| The enclosed Articles of Amendment and fee(s) are su | ubmitted for filing. | | |
| Please return all correspondence concerning this matte | er to the following: | | |
| OMIEL R | hoden Name of Person | | |
| Inspirati | Firm/Company | services LL | C |
| 10300 Pe | ebblestone C+. | | |
| Leesbur | City/State and Zip Code Oprowashing a smooth in the control of th | - 27 | |
| INSPIRATION E-mail address: | Trowashing & Most it to be used for future annual report notification | zil-com | |
| For further information concerning this matter, please | e call: | -1 | |
| Mikia Rhoden Name of Person | at (31) 316-8 Area Code Daytime Telep | HO9 hone Number | |
| Enclosed is a check for the following amount: | | | |
| ☐ \$25.00 Filing Fee | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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 Corporati The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230 | ussee et, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Inspiration Prowashing | Services LLC |
|---|---|
| (Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liability Company were filed on \underline{C} Florida document number $\underline{LP300029719}$ | 00/19/2023 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company her | <u>re</u> : |
| | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de | signation "LLC" or the abbreviation "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) | |
| | <u> </u> |
| | 1 |
| B. If amending the registered agent and/or registered office address on our re agent and/or the new registered office address here: | cords, <u>enter the name of the new registere</u> |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Flori | da strevi address |
| | , Florida |
| 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 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 | Oriel Rhoden (Primary) | 10800 Peldestore Ct. Leesburg, FL 347 | <mark>} & </mark> ₩Add |
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| amending any other information, enter change(s) here: (Attac | h additional sheets, if necessary.) | |
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| fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable status ocument's effective date on the Department of State's records. | (optional) filing or more than 90 days after filing.) Pursuant array filing requirements, this date will not | t to 605.02 be listed : |
| ecord specifies a delayed effective date, but not an effective time, at 12 is filed. | :01 a.m. on the earlier of: (b) The 90th de | ay after th |
| ned 23 rd of June 2003. | | |
| is filed. Ited 23 rd of June 2023. Ulhadler Signature of a member or authorized repr | resentative of a member | |
| Mikia Rhoder | | |

• • • • •

Filing Fee: \$25.00