L73000297348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Registration Section Division of Corporations

Rewired to	Inspire, LLC		•		
	Name of Lim	ited Liability Company			
osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
turn all correspo	ondence concerning this matter	to the following:			
	Rachel Velez				
		Name of Person		_	
	 	Firm/Company		_	
	94 Whippoorwill Dr.			_	
		Address			
	Palm Coast, FL 32164			SECT SECT	•
	rv1071@gmail.com	City/State and Zip Code		2024 NOV 19 PH 2: 21 SECRETARY OF STATE	MARKS MARKS
	E-mail address: (to be used for future annual report notif	ication)	AS P	
er information c	concerning this matter, please ca	atl:		M 2: 7	أمعدية
/elez		609 805-2055 at ()		門語。	
Name o	of Person		e Telephone Numbe	rr	
l is a check for the	he following amount:				
00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

TO ARTICLES OF ORGANIZATION OF

Rewired to Inpsire, LLC					
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our reco liability Company)	ords.)			
document number L23000297348	were filed on	and assigned			
nendment is submitted to amend the following:					
mending name, enter the new name of the limited liabi	lity company here:				
: Tax & Books, LLC					
name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L	LC" or the abbreviation "L.L.C."			
new principal offices address, if applicable:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
pal office address MUST BE A STREET ADDRESS)		2024 HOV			
THE THE TENT OF TH	· · · · · · · · · · · · · · · · · · ·	RE TO			
		PAR 19			
		法人 四十二			
new mailing address, if applicable:		So 7 :::			
g address MAY BE A POST OFFICE BOX)		Fron 2:			
mending the registered agent and/or registered office a and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street add				
	Litter 1 fortide street daaress				
	City	Florida			
gistered Agent's Signature, if changing Registered Agent:					
by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete the obligations of my position as registered agent as pilled to merely reflect a change in the registered office my has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is			
If Chan	ging Registered Agent, Signatur	re of New Registered Agent			

vea from our records:

Manager = Authorized Member

	<u>Name</u>	Address	Type of Action
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			□Remove
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date, if other than the content of the date is listed, the date must he date inserted in this blocks effective date on the Department.	be specific and ck does not m	cannot be peet the ap	plicable st	of filing o	r more than	(op 90 days aft rements, tl	er filing.) F	ursuant ill not b	to 605.020 be listed a
ecifies a delayed effective	date, but not a	m effectiv	ve time, at	12:01 a.t	n, on the c	arlier of:	(b) The	90th day	y after the
vember 16		2024	·						
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