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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <i>The</i>	Inspired Group, In	IC.	
DOCUMENT NUMBER:	0002669		
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning the	nis matter to the following:		
RONNell Cois	ttenden ame of Contact Person)		
The Inspire	U Group, INC. (Firm/Company)		
5414 HAIDEN	(Address)		
Orange Pack, F	ty/ State and Zip Code)		
<u>Ycrittenden 1</u> E-mail address: (to	be used for future annual report notificati	on)	
For further information concerning this matter	r, please call:		
Rownell Crittewolen (Name of Contact Person)	at (<u>9 04</u>) <u>5 20 - 3</u> (Area Code & Daytime	983 Telephone Number)	
Enclosed is a check for the following amount			
\$35 Filing Fee Certificate of Status	& □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section	Street Address Amendment Section	,	
Division of Corporations	Division of Corporations		
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314	2661 Executive Center C	Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

The Inspire	U Group, Tr	1C.	_
(Name of Corporation as cur	rently filed with the Flo	orida Dept. of State)	
N080000C		1	
(Document Nu	imber of Corporation (if	known)	
Pursuant to the provisions of section 617.100e the following amendment(s) to its Articles of		lorida Not For Profit	Corporation adopts
A. If amending name, enter the new name	of the corporation:		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			orated" or the
B. Enter new principal office address, if an (Principal office address MUST BE A STRE			UNISION SECRE
			APR 15
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			PH 2: 5
			
D. If amending the registered agent and/or new registered agent and/or the new registered agent		ss in Florida, enter t	he name of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida stre	eet address)	
	(City		Florida (Zip Code)
New Registered Agent's Signature, if change		,	
I hereby accept the appointment as register position.	ed agent. I am familio	ır with and accept th	e obligations of the
-	Signature of New Regist	ered Agent, if changir	ig

if amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Secretary</u>	Maria Blount	1/22 Edgewood Ave West, Jacksonville, FL 32208	☐ Add ☐ Remove
Treasurer	Lynn Herriot	1500 CALMING WATER Drive # 2503 Orange Park, FL3200	Add PRemove
<u>Treasu</u> rer	Michael Jacobs	6511 Solanden Dr. Tacksonville, FL 32210	✓ Add ☐ Remove
	g or adding additional Articles, enter of tional sheets, if necessary). (Be specific		
`		,	
· · · · ·			
 			
			····

The date of each amendment(s) adop		
Fice of a late of constant to	(date of adoption is required)	
Effective date if applicable: (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Signature Ron	12,2011 I Common or vice chairman of the board, president or other officer-if directors	
	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Ronnell Crittenden (Typed or printed name of person signing)	
	Tucorporator (Title of person signing)	