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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:			
DOCUMENT NUMBER:			<u> </u>
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Joyce Matera			
	(Name of Contact Pe	rson)	
Transpire Help Inc			
	(Firm/ Company)	-
5404 Grande Palm Circle			
	(Address)		
Delray Beach Fl 3484			
	(City/ State and Zip C	Code)	
j.matera@inspirerecovery.com	,		
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
Leah Rothchild	at	561	248-7177
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of	State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Section of Corporation	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

		of	
Transpire Help Inc.			
(Name of Corporation	as curren	tly filed with the Florida	Dept. of State)
N16000005723			•
(Docum	nent Numb	er of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation;	rida Statute	s, this <i>Florida Not For P</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporati	on:	
NIA			The nev
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" o	or the abbreviation "Corp." or "Inc.'
B. Enter new principal office address, if applica	hle	5404 Grande Palm Circl	e
(Principal office address MUST BE A STREET A		Delray Beach, FL 33484	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	BOX)	5404 Grande Palm Circl	e
		Delray Beach FL 33484	
D. If amending the registered agent and/or registered agent and/or the new register.			ter the name of the
Name of New Registered Agent:	Leah Rothchild		
	1706 Nort	h D Street Lake Worth FI	_ 33460
		(Florid	a street address)
New Registered Office Address:			
	5404 Gran	ide Palm Circle	, Florida 33.4 8.4
		(City)	(Zip Code)
New Registered Agent's Signature, if changing F			abligations of the position

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mike</u>	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Namc</u>	<u>Addres</u> s
1) Change	VP	Carlene Williams	1192 Bay View Way
Add			Wellington FL 33414
X Remove			
2) Change	P	Donna Weinberger	1414 N D St
Add			Lake Worth Fl 3460
x Remove	_		500 O P
3) Change	D	Maite Soria	502 Osprey Dr
Add			Delray Beach Fl 33444
Remove		,	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) in the distinct of the specific (Be specific)	· ·
	· / /x
	10 '
	· ·
-	

	e date of each amendment(s) adoption: 1-1-2017. e this document was signed.	, if other than the
Eff	ective date if applicable: 7 - 1 - 20 (7) (no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 6-26-17	
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	CARIEN€ WILLIAM'S (Typed or printed name of person signing)	
	<i>∨ P</i>	
	(Title of person signing)	