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N. WHATE



## COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TOSpiration DOCUMENT NUMBER: N The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ► \$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed)

		4 14
	Articles of Amendment	
	(0	17 FEB 14 74 9:53
	Articles of Incorporation of	
T:	1 + "	ch' Tarabaal
Ispirationa	11 tree nou	of Theoparate
(Name of Corporation :	as currently filed with the Flo	rida Dept. of State)
(Docum	ent Number of Corporation (if k	nown)
rsuant to the provisions of section 617.1006, Flori endment(s) to its Articles of Incorporation;	da Statutes, this Florida Not Fo	or Profit Corporation adopts the following
•		
If amending name, enter the new name of the	corporation:	
		The new
ne must be distinguishable and contain the word	"corporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
ompany" or "Co." may not be used in the name	•	
	. \(\)	
Enter new principal office address, if applicat		
incipal office address <u>MUST BE A STREET AL</u>	MESS!	•
	1/1-/	
	•	
Enter new mailing address, if applicable;	- 018	
(Mailing address MAY BE A POST OFFICE B	<u></u>	
If amending the registered agent and/or registered agent and/or the new registered		, enter the name of the
new registered agent and/or the new registere	d office address.	
Name of New Registered Agent:		
New Registered Office Address:	(r	lorida street address)
The Wilese State of the Filese Care		
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing R ereby accept the appointment as registered agent		t the obligations of the position
erevy accept the appointment as registered agent	сат јатише жип апа ассер	i me obligations of the position.
_	····	
	Signature of New Regis	stered Agent, if changing

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 = Trustec; 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 heid. 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 Doc. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Doc  V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add 'Remove		
2) Change Add Remove	——————————————————————————————————————	
3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

organization is organized 70 17.07L organization See next sheet 2

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Of the organization is then located
exclusively for such purposes of to
such ordanization or organizations,
as said court shall determine;
Which are organized and operated
exclusively for such purposes.

The	e date of each amendment(s) adoption: 2/10/2017	if other than the
	e this document was signed.  Sective date if applicable: 2102017	
	(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 nument's effective date on the Department of State's records.	not be listed as the
Ad	option of Amendment(s) (CHECK ONE)	
<b>'</b> Z	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 2/10/2017	
	Signature  (By the chairman or vice chairman of the board, president or other officer-if directors	<del>_</del>
	have not been selected, by an incorporator – if in the hands of a receiver, trustee; or other court appointed fiduciary by that fiduciary)	
	Jessica Weely	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	