## N24000009453

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

TO: Amendment Section Division of Corporations

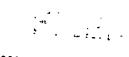
| NAME OF CORPORATION: INSPIRED AT                      | NGELS INC.  |                           |   |
|---|---|---------------------------|---|
|   |   |                           |   |
| DOCUMENT NUMBER: N2400009453                          |   | <del></del> .             |   |
| The enclosed Articles of Amendment and fee are sub-   | mitted for filing.  |                           |   |
| Please return all correspondence concerning this mat  | ter to the following:   |                           |   |
|   | Sonia Becerra   |                           |   |
|   | (Name of Contact Persor   | 1)                        |   |
|   | Swyft Filings   |                           |   |
|   | (Firm/ Company)   |                           |   |
|   | • •   |                           |   |
|   | 3 Greenway Plaza #1320  |                           |   |
|   | (Address)   |                           | <del>-</del>  |
|   |   |                           |   |
|   | Houston, TX 77046   |                           |   |
|   | (City/ State and Zip Code   | e)                        |   |
|   |   |                           |   |
|   | desis1216@aol.com   |                           |   |
| E-mail address: (to be use                            | d for future annual report  | notification              | 1)  |
| For further information concerning this matter, pleas | e call:   |                           |   |
| Sonia Becerra   | at  |                           | 877-777-0450  |
| (Name of Contact Person                               | n) (Ar  | ea Code)                  | (Daytime Telephone Number)  |
| Enclosed is a check for the following amount made p   |   |                           |   |
| ■ \$35 Filing Fee                                     | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certifi<br>Certifi        | Diffing Fee<br>icate of Status<br>ied Copy<br>tional Copy is<br>used) |
| Mailing Address                                       |   | Address                   |   |
| Amendment Section                                     |   | lment Secti               |   |
| Division of Corporations P.O. Box 6327                |   | on of Corpu<br>entre of T |   |
| P.O. Box 6327   | The C   | entre of T                | allahassee  |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



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|---|
|   |

| 18   | SPIRED ANGELS INC.                           | 54.  |
|--|--|--|
| (Name of Corporation as currently filed with the Flo   | orida Dept. of State)                        | TALLAHASSEE, FI                            |
|  | N24000009453                                 | Additional FL                              |
| (Document  | Number of Corporation (if k                  | nown)                                      |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:   | Statutes, this Florida Not Fo                | er Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co  | rporation:                                   |  |
|  |  | The new                                    |
| name must be distinguishable and contain the word "co<br>"Company" or "Co." may not be used in the name. | orporation" or "incorporated                 | l" or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable:  |  | <u> </u>                                   |
| (Principal office address <u>MUST BE A STREET ADD</u>  | <u>RESS</u> )                                |  |
|  |  |  |
|  |  |  |
| C. Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE BOX  | <u> </u>                                     | <del>_</del>                               |
|  |  |  |
|  |  |  |
|  |  | -  |
| D. If amending the registered agent and/or register-   | ed office address in Florida.                | enter the name of the                      |
| new registered agent and/or the new registered of  |  |  |
| Name of New Registered Agent;  |  | _  |
|  |  |  |
| _  | (F)  | lorida street address)                     |
| New Registered Office Address:   | ·  | ,  |
|  |  | . Florida                                  |
| _  | (City)                                       | (Zip Code)                                 |
| New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.   | stered Agent:<br>am familiar with and accept | the obligations of the position.           |
|  |  |  |
| χ  | Signature of New Regist                      | ered 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 = 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 Doc 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   | PT John De<br>V Mike Jo<br>SV Sally Si   | one <u>s</u>                                  |   |
|------------------------------------|--|---|---|
| Type of Action<br>(Check One)      | Title                                    | <u>Name</u>                                   | Address                                 |
| 1) Change Add                      | VP                                       | Denise Raychok                                | 5314 E LONGBOAT BLVD<br>TAMPA, FL 33615 |
| Remove 21ChangeAdd                 | <u> </u>                                 | DENISE RAYCHOK                                | 5314 E LONGBOAT BLVD<br>TAMPA, FL 33615 |
| X Remove 3) Change Add X Remove    | TRE                                      | DESIREE SERRANO                               | 5314 E LONGBOAT BLVD<br>TAMPA, FL 33615 |
| 4) Change                          | <u> </u>                                 | DESIREE SERRANO                               | 5314 E LONGBOAT BLVD<br>TAMPA, FL 33615 |
| Remove  5) Change Add              | TRE                                      | Gus Serrano                                   | 5314 E LONGBOAT BLVD<br>TAMPA, FL 33615 |
| Remove 6) Change Add               |  |   |   |
| E. If amending or additional sheet | ng additional Art<br>els, if necessary). | icles, enter change(s) here:<br>(Be specific) |   |
|                                    |  |   |   |
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| The date of each amendment(s) adoption date this document was signed.                  | n:9/19/2024   | _, if other than the |
| Effective date if applicable:  |   |                      |
| •  | (no more than 90 days after amendment file date)  |                      |
| Note: If the date inserted in this block doe document's effective date on the Departme | es not meet the applicable statutory filing requirements, this date will not lent of State's records. | be listed as the     |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                      |
| The amendment(s) was/were adopted was/were sufficient for approval.                    | by the members and the number of votes east for the amendment(s)                                      |                      |

| Dated     | 9/19/2024  |
|-----------|--|
| Signature | desiree serrano  |
| Signatur  | (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) |
|           | DESTREE SERRANO  |
|           | (Typed or printed name of person signing)  |
|           |  |
|           | President  |
|           | (Title of person signing)  |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

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