# P1500036566

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	: #)
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(C	ocument Number)	
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AUG 0 7 2018 S. YOUNG



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TO: Amendment Section Division of Corporations

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IE OF CORPORATION:
CUMENT NUMBER:
enclosed Articles of Amendment and fee are submitted for filing.
se return all correspondence concerning this matter to the following:
HAY ZOHAR
Name of Contact Person
Firm/ Company
99 NW 183RD STREET, STE 138
Address
MIAMI, FLORIDA 33169
City/ State and Zip Code
<u>Horty Grace at a curcpa</u> . WM E-mail address: (to be used to future annual report notification)

For further information concerning this matter, please call:

 HAY ZOHAR
 at (305)
 577-0454

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

**\$**35 Filing Fee

□\$43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

B INSPIRATION INC

# (Name of Corporation as currently filed with the Florida Dept. of State)

P15000036566

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## (Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

### If amending name, enter the new name of the corporation: .

N/A	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co", A professional corporation name must contain the ttion "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.* 

Signature of New Registered Agent, if changing

(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:

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>_Title</u>	Name	<u>Addres</u> s
1) Change	P	HAY ZOHAR	99 NW 183RD STREET
XAdd			STE 138
Remove			MIAMI, FL 33169
2) Change	P	NAOR ZOHAR	99 NW 183RD STREET
Add			STE 138
XRemove			MIAMI, FL 33169
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u></u> 4 <u></u> 1
6) Change	<u> </u>		
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u>; (Attach *additional sheets, if necessary).* (*Be specific*)

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N/A	adunonal sheets, ty necessary				
					<b></b>
					<u></u>
		<u> </u>		<u> </u>	
. <u>lfan an</u>	<u>vendment provides for an ev</u>	change, reclassifica	tion, or cancellation	of issued shares,	
<u>provi</u> si	ons for implementing the ar not applicable, indicate N/A)	<u>nendmeπt if not cor</u>	<u>itained in the ameno</u>	iment itself:	
79 77	in application indicate sign				
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	,,,,,,				
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The date of each amendment(s) adoption:, if c	other than th
date this document was signed.	
N/A	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
□ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval $\vec{v}$ ) / $\vec{A}$	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JULY 16. 2018	
Dated	
Signature(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
HAY ZOHAR	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)