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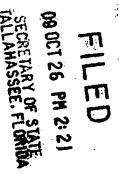
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D. BRUCE
OCT 27 2009
EXAMINER

COVER LETTER

TO:	Registration S Division of Co									
SUBJI	PCT.	(Childbirth (Options, LLC	:					
30001				Liability Company						
			,	•		•				
The en	closed Articles o	f Amendment and fo	ee(s) are submit	ted for filing.						
Please	return all corresp	ondence concerning	this matter to t	he following:	-			٠.		
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			. Cí	ity/State and Zip Cod	le :			ASS	26	F
		<u>i </u>	ail address: (to be	used for future annu	al report noti	s.net	·	m _o	2	п
For fur	ther information	concerning this matt	·			•	.•	FLORI	1 2: 2	C
	Siz	zzly Acevedo		at (813)	•	355-4716	3	S CLL	******	
	Name	of Person			ode & Daytin	ne Telephone l	Number			
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Enclose	ed is a check for	the following amour	nt:		•			, .	,	,
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	Regist Divisi	LING ADDRESS: ration Section on of Corporations dox 6327		Registi Divisio	ET/COUR ration Section on of Corpo n Building		ESS:			
,		assee, FL 32314		, 2661 E		enter Circle 2301	*		• • •	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Childbirth Options, LLC			
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	04/17/2009	and assigned	
Florida document numberL0900037053			
		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	ere:		
•			
The new name must be distinguishable and end with the words "Limited Liability Comp"L.L.C."	pany," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<u>₹%</u> 8	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
	,	\$ 1 Z	
		SET 6	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , ,		
		3 7	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter t	he name of the ne	
Name of New Registered Agent:		:	
New Registered Office Address:			
\overline{E}	nter Florida street add	ress	
	, Florida		
City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u> .	Type of Action
	,		
<u>MGR</u>	SaRee Purcell	4037 Waterville Ave	Add
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Filing Fee: \$25.00