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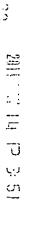
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B. BOSTICKMAY 1 4 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Midwifery Womans Care, LLC Stame of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valerie Jackson
Unified Physician Mant.
3731 FAU Blvd.
Boca Raton FL 3343/ Valerie. Jackson @ unifiedha.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valerie Jackson at 561 300-2410 x: 434 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Midwifery h	lomans C	are LL	<u> </u>		
(Name of the Limited (A	Liability Company as it now a Florida Limited Liability Comp	ppears on fur records.) any)			
The Articles of Organization for this Limited Liab Florida document number <u>L140005</u>	ility Company were filed o	n <u>3/27//</u>	and and	assigned	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the Midwifery Wome The new name must be distinguishably and end with the work	en's Care	LLC	or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET)	ADDRESS)				
		<u> </u>		(II)	-
Enter new mailing address, if applicable:		-	•		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered offic		s on our records, g	enter the nar		e new
registered agent and/or the new registered offic	e address nere:		-	6-3	
Name of New Registered Agent:					
New Registered Office Address:	. Frite	r Florida street address			
	Line				
	City	, Flori	daZip Ca	ode	

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 605, 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 Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
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			🗖 Remove
			Add
			□ Remove
			Add 3
			□ Remove
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			□ Remove

	If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
Е.	Effective date if	other than the date of filing: (optional)
_•	(The effective date mus	ther than the date of filing: (optional) t be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after t is filed by the Florida Department of State)
•	(The effective date mus	t be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00



April 25, 2014

VALERIE JACKSON UPM 3731 FAU BLVD. BOCA RATON, FL 33431

SUBJECT: MIDWIFERY WOMANS CARE, LLC

Ref. Number: L14000050706

We have received your document for MIDWIFERY WOMANS CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00008888

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