## 118000043524

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF JORIDA
JALLAHASSEE, FLORIDA

## **COVER LETTER**

	egistration Se ivision of Cor			
CHRICT		Lactation and Parenting, LLC		
SUBJECT	·	Name of Limi	ited Liability Company	
The enclos	ed Anicles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Amy W Johnston		
			Name of Person	
		Community Lactation and	Parenting, LLC	
			Firm/Company	
		5378 Florence Point Drive		
			Address	<del></del>
		Fernandina Beach, FL 320.	34	
			City/State and Zip Code	
		communitylactation@gmail	.com to be used for future annual repo	rt natification)
For further	information c	oncerning this matter, please ca	-	Ti nomication)
Amy W Jo			919 608-65 ar ()	
	Name o	f Person	Area Code D	Daytime Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

.,

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Community Lactation and Parenting, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	ipany were filed on February 19, 2018 and assigned
Florida document number L18000043524	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	<u>l liability company here</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRES	<u> </u>
Enter new mailing address, if applicable:	MAR H
Mailing address MAY BE A POST OFFICE BOX)	-9 XX
	<b>∵</b>
B. If amending the registered agent and/or registereregistered agent and/or the new registered office address	red office address on our records, enter the name of the shere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rsuer Fiorial street address
<del></del>	, Florida

## 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Amy W Johnston, IBCLC	5378 Florence Point Drive	<b>≅</b> Add
		Fernandina Beach, FL 32034	□ Remove
			Change
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fective date, if	other than the date of filing:		tional)
ote: If the date is	sted, the date must be specific and cannot be price serted in this block does not meet the appli	cable statutory filing requirements, the	er filing.) Pursuant to 605.02 his date will not be listed a
cument's effecti	e date on the Department of State's records	S.	
record speci	ies a delayed effective date, but n	ot an effective time, at 12:01	a m on the earlier
	after the record is filed.	ot an endeave time, at 12.01	d.m. on the camer
March 5	2018		
nted March 5		_	_
			<b>∕</b> r

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Typed or printed name of signee

Filing Fee: \$25.00