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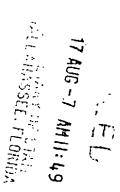
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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	•	COVER LETTER	
FO: Registration Sec Division of Corp		<i>‡</i>	!
SUBJECT: Pre	gnancy Text Name of Lim	FO, LL Cited Liability Company	1 1 1
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Deja (old nam: Pregnancy	Name of Person New Text RA / Deja V. Firm/Company	ane a Organico
	3080 Jau	c f.cl. Address	
	Laurel Hill.	FL 32567 City/State and Zip Code	<u>'</u>
	Deja Cronley@ gr E-mail address!	nail. com to be used for future annual report notifica	ation)
For further information co	ncerning this matter, please ca	aff:	
Deja' Creal Name of	Person	at (850) 895- Area Code Daytime T	elephone Number
Enclosed is a check for the	e following amount:		1
№ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

Pregnan	cy Text Rn LLC				
(Name of the Limited/Liability	Company as it now appears on our records.) .imited Liability Company)				
The Articles of Organization for this Limited Liability Co.	mpany were filed on	and assigned			
Florida document number <u>L14000175099</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
The new name must be distinguishable and contain the words "Limite	anics LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.1C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	ESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		2			
(Maining address MAT BE A FOST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, ess here:	enter the name of the new			
New Registered Office Address:					
New Registered Office Reduces.	Enter Florida street address	1			
	_, Flo rid a				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and ent as provided for in Chapter 605, F	I am familiar with and S. Or, if this document is			
	If Changing Registered Agent, Signature of	New Registered Agent			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:					
MGR = M	,				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot b	pe prior to date of	filing or more than	90 days after fili	irj. ng.) Pursu	unt to 605	5.020
ote: If the date inserted in this block does not meet the	applicable stat					
ocument's effective date on the Department of State's re	ecords.					
e record specifies a delayed effective date, bu	ut not an ef	fective time, a	et 12:01 a.m	i. on th	e earli	er
The 90th day after the record is filed.				l		
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and <u>-11-11-10 </u>	<u> 17</u> .					
ared July 1, 20				ĺ		
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ated 7/2/19 July 7th, 20	an and hardened and					
Signature of a member of	or authorized rep	presentative of a me	mber	l		
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Page 3 of 3

Filing Fee: \$25.00