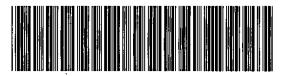
L09000017088

| (Re | equestor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| (Bu | siness Entity Nan | ne) |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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N. G. BEC-2 9 2015

COVER LETTER .

| TO: Registration Service Division of Con | | | 7 | Conferry Name Charge |
|--|--|---|--|----------------------------|
| Pregnancy SUBJECT: | Treasures | | | Charge |
| Sebsici. | Name of Limite | ed Liability Company | | 8 |
| | Amendment and fee(s) are submondence concerning this matter to | - | | |
| | Nancy Falkenstein | | | |
| | | Name of Person | | |
| | Pregnancy Treasures | | | |
| | | Firm/Company | | |
| | 4505 Park Blvd #6 | | | |
| | | Address | | |
| | Pinellas Park Florida 33781 | | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | • |
| | nancy@pregnancytreasures.c | | | |
| | · | be used for future annual report notific | cation) | |
| For further information of | oncerning this matter, please cal | : | | |
| Nancy Falkenstein | | 727 709-0546 at () | | |
| Name o | f Person | | Telephone Number | |
| Enclosed is a check for t | ne following amount: | | | į |
| □ \$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

FILED 2115 DEC 28 PM 12: 46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pregnancy Treasures LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (| • • • | |
|--|--|---------------------------------------|
| The Articles of Organization for this Limited Liability C Florida document number L09000017088 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | |
| Pregnancy Treasures & Boutitque LLC | | |
| The new name must be distinguishable and contain the words "Lim | ited 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 ADDR | (ESS) | |
| (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office additional agent. | tered office address on our reco | ords, enter the name of the n |
| N CN D ' | | |
| Name of New Registered Agent: | | |
| Name of New Registered Agent: | | · |
| Name of New Registered Agent: New Registered Office Address: | Enter Florida street ad | dress |
| | | 1 |
| | | dress , Florida Zip Code |

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</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

| <u>Title</u> | <u>Name</u> | Addross | Type of Action |
|--------------|-------------|---------|----------------|
| IIIIC | Name | Address | Type of Action |
| | | | Add |
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee