

L10 0000002341

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EXAMINER



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03/04/10--01047--012 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 4 AM 11:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baby Ultrasound 4D, LLC
Name 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:

Thea Conway
Name of Person
Sweet Baby O'mine Ultrasound, LLC
Firm/Company
5233 Sea Gull Ct.
Address
Cape Coral, FL 33904
City/State and Zip Code
TheaRenee@HotMail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thea Conway at (239) 560-8432
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -4 AM 11:58

Baby Ultrasound 4D, 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 Company were filed on 8am Jan 7, 10 and assigned
Florida document number L100000002341.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sweet Baby O' Mine Ultrasound, LLC
The new name must be distinguishable and end with 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 ADDRESS)

(changed) Cypress Square Shopping Center
13451 McGregor Blvd.
Suite # 21
Ft. Myers, FL 33919

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(same) Thea Conway
5233 Sea Gull Ct.
Cape Coral, FL 33904

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(same) Thea Conway
5233 Sea Gull Ct.
Enter Florida street address
Cape Coral, Florida 33904
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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President Director Manager	Thea Conway	5233 Sea Gull Ct. Cape Coral, FL 33904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <i>new title info.</i>
Secretary	Ingrid Whitney	1217 E. Cape Coral Pkwy #135 Cape Coral, FL 33904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Feb 26, 2010.

Thea R. Conway
Signature of a member or authorized representative of a member
Thea Conway
Typed or printed name of signee