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COVER LETTER

, so the Edition		
TO: Registration Section Division of Corporations		
SUBJECT: FIVST Breath Birth & Women's Health Semce Name of Limited Liability Company	8	
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Paula Fachwah Halaby Name of Person		
Firm/Company		
10910 Hayoln Dr		
Boca Raton, FL 33498		
City/State and Zip Code Ob. 94N. MICHWIFE @ 9Mayl. Com 15 mail address: (to be used for future annual report notification)	2014 APR - CALLAHAS	
For further information concerning this matter, please call:	- 3855 13455 - 1	-
P Fadwah Halaby at (561) 558-7198 Name of Person Area Code Daytime Telephone Number	OF STATE	2 [7]
Name of Person Area Code Daytime Telephone Number	20 20年	-
Enclosed is a check for the following amount:		
M 005 00 EW B	D	

\$25.00 Filing Fee \$\times \text{ S30.00 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

(Name of the Limited Liability Company)

(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/17/2014 and assigned

Florida document number 4/40000 266 71.

This amendment is submitted to amend the following:

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

Wide 360, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Office Address:

Enter Florida street address

Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Type of Action** <u>Address</u> ___□ Remove _ 🗆 Add _□ Remove _□ Remove MAPR-4 BHIZ: 15 _□ Add _□ Remove

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effecti	date, if other than the date of filing:
effective date the	date, if other than the date of filing:
effecti	we date must 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

