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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division	of Corporations		
The SUBJECT:	Green-Life Revolution, LLC		
	Name of L	imited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all co	orrespondence concerning this matte	er to the following:	
	Gloria Lopez		
	 -	Name of Person	
	771 - 27		
	The Green-Life Revoluti		
		Firm/Company	
	3551 NE 168th ST.		
		Address	
	North Miami Beach, FL.	33160	
		City/State and Zip Code	
	gloria@beyondthebirth.co		
For further informa	n-mail address: ution concerning this matter, please of	(to be used for future annual report no call:	tification)
Gloria Lopez		786 859-9344	
N	lame of Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	Tee ■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
\$# .#I#			
<u>Mailing Ac</u> Registrati	ddress: ion Section	<u>Street Address:</u> Registration Se	action
Division	of Corporations	Division of Co	
P.O. Box	6327	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Green-Life Revolution, LLC					
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)				
(A Florida Limited	Liability Company)				
The Articles of Organization for this Limited Liability Company	Swere filed on 03/25/2014 :- 3				
Florida document number 1.14000049290	orand assigned				
This amendment is submitted to amend the following:	y were filed on 03/25/2014 Sand assigned Dillity company here:				
A. If amending name, enter the new name of the limited liab	pility company here:				
Beyond the Birth, LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	16850 Collins Ave. Suite 112 #157				
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles Beach, FL. 33160				
Enter new mailing address, if applicable:	16850 Collins Ave. Suite 112 #157				
(Mailing address MAY BE A POST OFFICE BOX)	Sunny Isles Beach, FL, 33160				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address bare:	ddress on our records enter the name of the name and				
agent and/or the new registered office address here:	encer the name of the new registered				
New CM IS 1					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Florida				
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			🗆 Add
			Remove
			□Change
			□Add
		□Remove	
			□ Change
			🗆 Add
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Effective data if ask and	•							
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	tiate of the specific ock does to epartment	c and cannot not meet the of State's	ot be prior to he applica s records.	o date of fili ble statutor	ng or more th y filing req	(opt an 90 days afte uirements, th	ional) r filing.) Pursi is date will n	uum to 605.0207 (iot be listed as t
ne record specifies a delayed effective ord is filed.	e date, but	t not an ef	fective tin	ne, at 12:01	a.m. on the	earlier of: (l) The 90th	day after the
Dated September 12th		201	20					
		_ ·		_ ·				
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Ell. E. comos

Typed or printed name of signee