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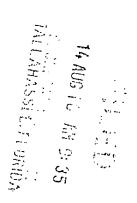
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLLISTIC SOUTH PREGNANCY AND BIRTH CENTER 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 Lia	bility Company were filed on August 6, 2014	and assigne	:d
Florida document number <u>L14000123595</u>	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
HOLISTIC SOUTH PREGNANCY & B	IRTH CENTER LLC		
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C	."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B		· · · · · · · · · · · · · · · · ·	
in mining and rest MITT BETTT OUT OF THE B			
			
	r registered office address on our records, enter	r the name of t	he nev
registered agent and/or the new registered off	ice address here:		
		£.	
Name of New Registered Agent:		7 A	
New Registered Office Address:		H. US	191 4
	Enter Florida street address	SS: Es	E ARISELE PORTEURA
	, Florida	700	e F :
	City	Zip Code	~45.
New Registered Agent's Signature, if changing Re	egistered Agent:		٠,
provisions of all statutes relative to the prope accept the obligations of my position as regist	agent and agree to act in this capacity. I further ag r and complete performance of my duties, and I am tered agent as provided for in Chapter 605, F.S. Or egistered office address, I hereby confirm that the li hange.	familiar with an	ıd
	If Changing Registered Agent Signature of New P	legistered Agent	-

Page 1 of 3

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>	<u>Address</u>	Type of Action	
			□ Add	
		<u></u>	□ Remove	
			Add	
			□ Remove	
			_	
		□ Remove		
			☐ Remove	
				
		- -	Add	
			Remove	

If amending any other information, en	ster change(s) here: (Attach additional sheets, if necessary.)
•	
Effective date, if other than the date of (The effective date must be specific, cannot be pric the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days after
Dated August 11	2014
Dated	1 Descriptions
	e of a member or authorized representative of a member
Debra Geymayr	Xela Gernail
	Typed or printed name of signee/

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