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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: Creative Beginnings Birth Services 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:
Teresa Jennings Name of Person
Creative Beginnings Birth Services Lic
13439 Kent Bradley St
Dade City F1 33525 City/State and Zip Code
E-mail address: do be used for future annual report notification)
For further information concerning this matter, please call:
Teresa Jennings at (813) 330 832.1 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S4 Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: ▶ Street Address: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Beginnings	Birth Services		
Creative Beginnings (Name of the Limited Liability) (A Florida Lii	Company as it now appears on or mited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Com		•	and assigned
Florida document number <u>L 1 7 00007048 6</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited		¢	
Creative Beginnings Doula The new name must be distinguishable and contain the words "Limited	→ Holistic Solution d Liability Company," the designate des	ervices L	viation "L.L.C."
Enter new principal offices address, if applicable:			<u>-</u>
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our record	s, <u>enter the name o</u>	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet address	
-		, Florida	Zip Code
	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 Changing Registered Agent, Signature of New Registered Agent

i amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

1GR =	M	ana	ger	
		-		

MBR = Authorized Member

<u>[itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Note:	we date, if other than the date of filing: December 5 3019 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	December 2, 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized wiresentative of a member
	Signature of a memory of authorized epiteriorians of a memory

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Filing Fee: \$25.00