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SECRETARY OF STATE
TALLAHASSEE, FL

3/12/21

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Abundance Maternity Care, LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathalie Guerrier

Name of Person

Firm/Company

3245 Riddle Drive

Address

Tallahassee, FL 32309

City/State and Zip Code

nathalie.guerrier@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathalie Guerrier at (850) 241-6227
Name of Person Area Code Daytime Telephone Number

The 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 Address:

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

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If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)

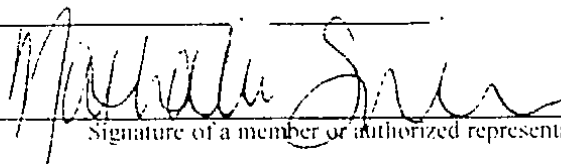
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

dated January 15

2021



Signature of a member or authorized representative of a member

Nathalie Guerrier

Typed or printed name of signer