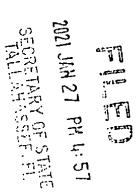
L18000031568

(R	Requestor's Name)	•
(A	ddress)	
<u> </u>	(ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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tified Copies	Certificates	s of Status
pecial Instructions to	o Filing Officer:	
	Office Use On	ly



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3/12/21

COVERLETTER

Registration Section Division of Corporations

	Abundance	Maternity Care, LLC	and the second	
JECT:	••••		ited Liability Company	
			, , ,	
enclosec	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
se return	all correspor	ndence concerning this matter	to the following:	
		Nathalic Guerrier		
			Name of Person	
			Firm/Company	
		3245 Riddle Drive		
			Address	
		Tallahassee, FL 32309		
			City/State and Zip Code	
		nathalie.guerrier@hotmail.c	com to be used for future annual report noti	(vertion)
further in	nformation co	oncerning this matter, please c	·	icaton)
ralie Gue	errier		850 241-6227	
	Name of	Person	Area Code Daytim	e Telephone Number
osed is a	scheck for the	e following amount:		
\$25.00 F	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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Abundance Maternity Care, LLC

2021 JAN 27 PM 4: 57

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CRETARY OF STATE TALLAHASSEE, FL Articles of Organization for this Limited Liability Company were filed on $\frac{02/05/2018}{1}$ and assigned ida document number L18000031568 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: ndant Life Services, LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Add
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tive date if other	than the date of filing:	(0)	ptional)
If the date inserted	than the date of filing: ne date must be specific and cannot be prior to in this block does not meet the applicab on the Department of State's records.	date of filing or more than 90 days a	ifter filing.) Pursuant to 605.0207
rd specifies a delay iled.	d effective date, but not an effective time	e, at 12:01 a.m. on the earlier of	(b) The 90th day after the
January 15	2021	.•	
<u> </u>	Signature of a member or authori	zed representative of a member	
Nathalie Guer	rior		
(Nathante Crue)	Typed or printed		

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