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(Requestor's Name)
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Registration Section

TO:

Division of Co	rporations		
	ooms International Center for A	Adoption and Surrogacy LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspondence	ondence concerning this matter	to the following:	
	Connie Going		
		Name of Person	
	Family Blooms Internation	nal Center for Adoption and Surro	gacy LLC
		Firm/Company	20 31
	360 Central Ave Suite 800)	22 2
		Address	2
	St Petersburg Fla 33701		\$ 50 mm
	connie@familyblooms.com	City/State and Zip Code	11 APR 29 PH 3: 07
	•	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Connie Going		727 501-2646	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee, l		The Centre of	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Family Blooms International Center for Adoption and Surrogacy 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 Liability Company were filed on $\frac{02/13/2018}{1}$ and assigned Florida document number _____L18000039926 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Going Adoption and Surrogacy LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Add
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ffective date, if other than the date of filing:	
an effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional) han 90 days after filing.) Pursuant to 605.0207
ote: If the date inserted in this block does not meet the applicable statutory filing recocument's effective date on the Department of State's records.	puirements, this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the stilled.	e earlier of: (b) The 90th day after the
April 21st 2021	
<u> </u>	

Filing Fee: \$25.00