L18000098974

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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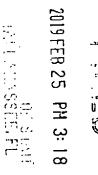
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02/26/19--01016--026 **16.25

01/31/19--01024--011 **43.75



C. GOLDEN FEB 2 7 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunshine State Michiel Services, LLC 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:
Jennifer Stone
Sunshine State Midwifery Services
1988 Ashton St
Middleburg FL 32068 City State and Zip Code
Sunshines to te midwifery aginal com E-mail address: (to be used for tuture annual report politication)
For further information concerning this matter, please call:
Tennifer Stone Name of Person at (904) 654-8647 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

February 7, 2019

JENNIFER STONE 1988 ASHTON STREET MIDDLEBURG, FL 32068

SUBJECT: SUNSHINE STATE MIDWIFERY SERVICES LLC

Ref. Number: L18000098974

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 219A00002727

MECHIELLIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sunshine State Mide	Wifery Services LLC	2019 FEB 25 PM 3
Sunshine State Mide (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	m-LALASSEE
The Articles of Organization for this Limited Liability Company v	were filed on 4-19-18	and assigned
Florida document number <u>L/80000 98974</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
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 off registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	2: (7:1)
New Registered Agent's Signature, if changing Registered Agent:	City:	zīp Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fa rovided for in Chapter 605, F.S. Or, i,	miliar with and f this document is

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
<u>MGR</u>	Rachael A. Larsen	130 Jackson Rd Atlantic Beach, FL	Add 3333 Remove
			☐ Change
			Add
			□ Remove
			Change
			🗅 Add
			Remove
			Change
			
			Remove
			Change
			□ Remove
			Change
			🗆 Add
			Remove
			Change

Note:	tive date, if other than the date of filing: 1-14-19 (optional) Tective 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 (and the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
) The	cord 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	2-20-19-February 20,
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00