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T. MATTHEWS OCT 28 2021

COVER LETTER

	Registration So Division of Cor			e s
SUBJEC*		rth Services and Doula Care, L	LC	,
SUBJEC		Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Christine Ghali		
			Name of Person	
		Mindful Birth Services and	d Doula Care, LLC	
			Firm/Company	
		6140 Ashton Park Place		
		-	Address	
		Colorado Springs/CO 809	19	
			City/State and Zip Code	46.
		mindfulbirthdoula@gmail.c	om to be used for future annual report no	attimetisms
For furthe	r information c	oncerning this matter, please c		arication)
Christine		oncerning this matter, preuse e		
Caristine			239 560-2403 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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)
	Hailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

21 007 19 PH 12: 24

Mindful Birth Services and Doula			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited E		were filed on	7/3/2018 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	oility company he	ere:
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREET ADDRESS)		3757 Whippoorwill Blvd	
		Punta Gorda, FL 33950	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6140 Ashton Pa Colorado Sprinț	
B. If amending the registered agent and/or agent and/or		address on our r	ecords, enter the name of the new registered
Name of New Registered Agent:	Arlene Stornell	lo	
New Registered Office Address:	3757 Whippoo	rwill Blvd	
	Enter Florida street address		
	Punta Gorda		Florida 33950
		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

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				
AMBR = A	<u>Name</u>	Address	21 007 17 PH 12: 24	Type of Action
				□Add
		<u>.</u>		Remove
				□Change
				□Add
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Note: If the date inserted in th	must be specific and cannot be prior t	(option of date of filing or more than 90 days after able statutory filing requirements, this	filing.) Pursuant to 605.0207 (3)
e record specifies a delayed efford is filed.	ective date, but not an effective tir	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 9/16	. 2021		
	h w M Gra Signature of a member or autho	rized representative of a member	
		Ghali d name of signee	

Filing Fee: \$25.00