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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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21 OCT 17 PM 12:26

T. MATTHEWS

OCT 28 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Mindful Birth Services and Doula Care, 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:

Christine Ghali

\_\_\_\_\_  
Name of Person

Mindful Birth Services and Doula Care, LLC

\_\_\_\_\_  
Firm/Company

6140 Ashton Park Place

\_\_\_\_\_  
Address

Colorado Springs/CO 80919

\_\_\_\_\_  
City/State and Zip Code

mindfulbirthdoula@gmail.com

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

For further information concerning this matter, please call:

Christine M Ghali

239 560-2403  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

21 OCT 1968 PH 12:24

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

Arline Stoppello  
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

Additional sheets, (if necessary)  
21 66 12

[illegible]

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated 9/16 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**