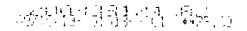
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(Requestor's Name)
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(Document Number)
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Amend

SEP 20 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Baby Steps OB GYN 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:	
Advicen M. Roznowski	
Baby Steps OBIGYN LLC. Firm/Company	
1250 S 15th Avenue	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ACMON ROZINOWSKI at (917) 513-4377 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee & Certificat	

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

TU ARTICLES OF ORGANIZATION **OF**

Schy Steps OB/6 (Name of the Limited Liability Comm	
(A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on $AUQ.22,2019$ and assigned
Florida document number <u>L19000214381</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	0
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
	- -
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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

<u> </u>														
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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Adrian M. Roznauski	1250 S 13th Au.	Add
		Hollywood FL 33019	Remove
			Change
			
			C Remove
			□ Change
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Effect	ive date if other than the date of filing: 08/22/2019(optional)
Note:	ive date, if other than the date of filing: 08 22 2019 (optional) fective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the re) 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	September 6 2019
	Signature of a member or authorized representative of a member
	Advicer M. Roznowski Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00