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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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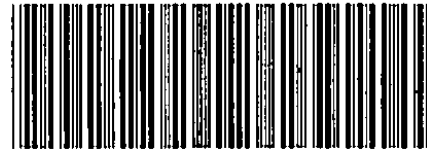
(Business Entity Name)

(Document Number)

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FILED  
SEP 18 2019  
FBI - MEMPHIS

SHULKER

SEP 30 2019

TO: Registration Section  
Division of Corporations

SUBJECT: The Hospital Douglas 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:

Marnie Arnason

Name of Person

Firm/Company

1969 S Alafaya Trail, Suite 108

Address

Orlando, FL 32828

City/State and Zip Code

marnie@thehospitaldouglas.com

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

For further information concerning this matter, please call:

Marnie Arnason

Name of Person

at (407)

Area Code

353-0484

Daytime Telephone Number

Enclosed is a check for the 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 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

ARTICLES OF ORGANIZATION  
OF

The Hospital Doulas 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 August 26, 2010  
Florida document number L19000217190

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Hospital Doulas & Associates LL

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am fam. accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if t. being filed to merely reflect a change in the registered office address, I hereby confirm that the limite company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registe

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Ty</u>
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 (a) \_\_\_\_\_  
(b) The 90th day after the record is filed.

Dated September 12, 2019.

Marnie Arnason

Signature of a member or authorized representative of a member

Marnie Arnason

Typed or printed name of signee