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COVER LETTER

	sion of Cor			,	
	Global Mi	dwife, LLC			
SUBJECT:			•		
		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Katrina Rollins			
			Name of Person		
		Global Women's Care			
			Firm/Company		
		9021 NW 26 Place	,		
			Address		
		Sunrise, FL 33322	Address		
		theglobalmidwife@gmail.c	City/State and Zip Code		
		E-mail address: (to be used for future annual report no	otification)	
For further in	formation c	oncerning this matter, please c	all:		
Katrina Roll	ins		305 3328796		
			at ()	 	
	Name o	f Person	Area Code Dayt	ime Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	ling 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)	
	ing Addres		Street Address:	iaction	
-	istration S ision of C	orporations	Registration Section Division of Corporations		
	. Box 632	-	The Centre of Tallahassee		
		FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Global Midwife, LLC

company has been notified in writing of this change.

2022 MAR -3 PM 2: 11

(Name of the Limi	ited Liability Company as (A Florida Limited Liabili	it now appears on our ty Company) SE	records.) CRETARY O	FSTATE
The Articles of Organization for this Limited I Florida document number	Liability Company were	e filed on	TALLAHASS	EE, FL and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
Global Women's Care, LLC				
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation	"LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli-	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
intering dual east MATT DE TET OUT OF THE				
B. If amending the registered agent and/or agent and/or the new registered office addressed Name of New Registered Agent:	- -	ess on our records,	enter the nam	e of the new registe
	8958 W State Road	84 #1052		
New Registered Office Address:	Enter Florida street address			
	Fort Lauderdale		Florida	324
		City	Fiorida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register	ed agent and agree to	act in this capacity	. I further agi	ree to comply with
provisions of all statutes relative to the proj accept the obligations of my position as reg	per and complete perf	formance of my duti	ies, and I am f	amiliar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
			□Add
			□Remove
			□Change
		·	
			□Remove
			□ Change
			□Remove
			Change
			□ Add
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Effective date, if other fan effective date is listed, Note: If the date inserte document's effective da	the date must be specified in this block does	ic and cannot be prior to not meet the applical			ng.) Pursuant to 605.0207 (
e record specifies a delay d is filed.	ed effective date, bu	it not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
		2022			
February 28			_ •		
February 28 Dated			1		
_	 }U14 1 1	4. M	/// /		
_	MA Signature	of a member or author	ized representative of	à member	