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COVER LETTER

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	Registration Section Division of Corporations						
CUBICT.							
SUBJECT:Name of Limited Liability Company							
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		Emily Lugo					
			Name of Person				
Sacred Knowledge Doula Care							
Firm/Company							
2907 Parrot Street Florida							
Address							
	Northport Florida, 34286						
	City/State and Zip Code						
		Learn@BirthingWithEm.co		,,,			
For further i	nformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	tincation)			
Emily Lugo			941 875-3991 at ()				
Name of Person		Area Code Daytir	ne Telephone Number				
Enclosed is	t check for th	ne following amount:					
\$25.00	Filing Fee	S30.00 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:		Street Address: Registration Se	ection				
Registration Section Division of Corporations			_	Registration Section Division of Corporations			
P.O. Box 6327		The Centre of	The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monro	oe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sacred Knowledge Doula Care LLC		
(<u>Name of the Limited Llability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Com Florida document number L21000284063	pany were filed on 06/18/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited		
he new name must be distinguishable and contain the words "Limited	Liability Company, the designation "LLC	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
	- 	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of	Tice address on our records, enter	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Project 1005 - Address		
New Registered Office Address:	Enter Florida street addres	
	, Flo	orida Zip Code
	City	np cone

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Emiy Lugo	2907 Parrot Street Nortport Florida, 34286	= Add
			□Remove
		<u></u>	Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
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			Change
			□Add
			□Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 06/18/2021 _ (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 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 June 28th 2021 Signature of a member or authorized representative of a member **Emily Lugo** Typed or printed name of signee

Filing Fee: \$25.00