

KZ1000309166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

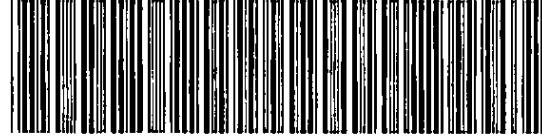
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NOV 15 2021



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2021 NOV 15 11:57

O: Registration Section
Division of Corporations

Supernatural Birth House
SUBJECT:

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

Kiz Tosi

Name of Person

Firm/Company

308 Seattle Slew Ct

Address

Crestview FL 32539

City/State and Zip Code

midwifeKizie@gmail.com

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

or further information concerning this matter, please call:

iz Tosi

810

5133942

at ()

Name of Person

Area Code

Daytime Telephone Number

nclosed 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

10
**ARTICLES OF ORGANIZATION
OF**

Supernatural Birth House

(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 7/6/2021 and assigned
Florida document number L21000308166.

This amendment is submitted to amend the following:

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

Peaceful Breath Midwifery LLC

The 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:

1316 Charlie Day Road

Principal office address MUST BE A STREET ADDRESS)

Baker FL 32531

Enter new mailing address, if applicable:

1316 Charlie Day Road

Mailing address MAY BE A POST OFFICE BOX)

Baker FL 32531

If amending the registered agent and/or registered office address on our records, enter the name of the new 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

Zip Code

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

[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),

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.

W. B. T. C. 2
Signature of a member or authorized representative of a member

Typed or printed name of signee