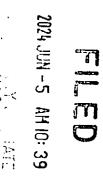
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(Re	questor's Name)	<u>,</u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





02/16/24--01019--011 \*\*25.00







## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2024

KIZ TOSI 1316 CHARLIE DAY RD BAKER, FL 32531

SUBJECT: PEACEFUL BREATH MIDWIFERY LLC

Ref. Number: L21000308166

We have received your document for PEACEFUL BREATH MIDWIFERY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000014812.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 124A00011908

Division of DO DOV COOF Will Division of the



March 1, 2024

KIZ TOSI 1316 CHARLIE DAY RD BAKER,FL 32531

SUBJECT: PEACEFUL BREATH MIDWIFERY LLC

Ref. Number: L21000308166



We have received your document for PEACEFUL BREATH MIDWIFERY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester Regulatory Specialist II

Letter Number: 624A00004565

## COVER LETTER

TO:

		, <del>**</del> *	
	reath Midwifery LLC		. <u>4 ش</u> ر
.l:	Name of Lim	ited Liability Company	
osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
turn all correspo	ondence concerning this matter	to the following:	
	Kiz Tosi		
		Name of Person	
			<b>20</b>
		Firm/Company	
	1316 Charlie Day Rd		
		Address	
	Baker FL 32531		2024 JUN -5 AM 10: 40
		City/State and Zip Code	
			AIG-AI-W
er information o		•	nincation)
i		810 513-3942	
Name o	of Person		me Telephone Number
l is a check for t	he following amount:		
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)
	<del></del>	Street Address:	ection
Division of Corporations		Division of Co	
		The Centre of	Tallahassee oe Street, Suite 810
	Peaceful B CT:  Peaceful B CT:  osed Articles of sturn all correspond  i Name of the sturn all corresp	Name of Lim  osed Articles of Amendment and fee(s) are substurn all correspondence concerning this matter  Kiz Tosi  1316 Charlie Day Rd  Baker FL 32531  trevia@treviabucknercpa.co  E-mail address: (  or information concerning this matter, please concerning this matter.	Peaceful Breath Midwifery LLC  T: Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Kiz Tosi  Name of Person  Finn/Company  1316 Charlie Day Rd  Address  Baker FL 32531  City/State and Zip Code  trevia@treviabucknerepa.com  E-mail address: (to be used for future annual report noter information concerning this matter, please call:  I sa check for the following amount:  Of Filing Fee  S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peaceful Breath Midwifery LLC				
( <u>Name of the Limited L</u> (A F	iability Compa lorida Limited I	ny as it now appears on our reco lability Company)	ords.)	<del></del> _
The Articles of Organization for this Limited Liabil Florida document number L21000308166	ity Company	were filed on		_ and assigned
This amendment is submitted to amend the following	ng:		63 27	<b>[-]</b>
A. If amending name, enter the new name of the	limited liab	ility company here:		
Sage Wellness Birth Collaborative LLC			٠ <u>٠ ځ.</u> - <del>مير</del>	. на померо СЛ (
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "L	LC" or the abbre	viation "L.L.G."
Enter new principal offices address, if applicable:		1316 Charlie Day Rd	· · · · · · · · · · · · · · · · · · ·	To O
Principal office address MUST BE A STREET ADDRESS)		Baker FL 32531	1.	£
enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO	X)			
	<b>_</b>			
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office : ere:	address on our records, <u>ent</u>	ter the name o	of the new registe
Name of New Registered Agent:	Ciz Tosi			
New Registered Office Address:	316 Charlie D			
		Enter Florida street ada	lress	
<u> </u>	Baker		Florida 3253	<u>!</u>
		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

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
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		<del></del>	□Remove
			Change
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			□ Remove
			Change

Sage Wellness Co LLC (docur	nent L22000228615) has been dissolve	ed on Sunbiz.org, and Peac	eful Breath will	
take over this name. Ownersh	ip of both entities was a sole member l	Kiz Tosi.		_
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ective date, if other than the done effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's	se specific and cannot be prior to date of fili k does not meet the applicable statuto	(option or more than 90 days after ry filing requirements, this	filing ) Pursuant to 66	05.020 sted as
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b)	) The 90th day aft	ler the
	2024			
February 9				
February 9	<del></del> ,			

Filing Fee: \$25.00