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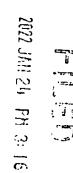
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Birth Right Doule	a Co
	imited Liability Company
The enclosed Articles of Amendment and fee(s) are si	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
<u>Kayla</u>	Lawson Name of Person
	Firm/Company
110 NE Esti	Address
<u>Port Saint</u>	City/State and Zip Code
birthright do	cula Cole yahoo. Com
For further information concerning this matter, please	
Kayla Lawson Name of Person	at (772) 240-4408 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\sigma\$ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section
Division of Cornorations	Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAH 24 PH 3: 16

Birth Right D	OUA COL Liability Compa Florida Limited L	ny as it now appears on or liability Company)	SECRET TO COM-	STAP 7
The Articles of Organization for this Limited Liab Florida document number <u>L21000480856</u> This amendment is submitted to amend the follow	oility Company			ssigned
A. If amending name, enter the new name of t	he limited liabi	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designati	ion "LLC" or the abbreviation "I	IC."
Enter new principal offices address, if applicable of the control		110 NE Esti Port Saint L	ucie,FL 34983	`
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>9X)</u>	110 NE Estica Port Saint	Lane Lucie, FL 34983	
B. If amending the registered agent and/or reg agent and/or the new registered office address		ddress on our records	s, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:				
New Registered Office Address:	110 NE	Estia Lane Enter Florida stre	et address	
	Port Sai	int lycie	, Florida <u>3</u> 4983 <i>Zip Code</i>	

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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
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_		Signature of a	member of auth	orized representa	tive of a member		
		Kayla	Laws	0K7			
_		11-1-24		ed name of signe	e		

Filing Fee: \$25.00