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COVER LETTER

то:	O: Registration Section Division of Corporations							
Moonrise Midwife, LLC								
SUBJECT: Name of Limited Liability Company								
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		Emily Maldonado						
Name of Person								
Moonrise Midwife, LLC								
			Firm/Company					
		1746 Eastbrook Blvd						
			Address					
		Winter Park, Fl. 32792						
	City/State and Zip Code							
	emilymaldonadomidwife@gmail.com E-mail address: (to be used for future annual report notification)							
			·	neation)				
		oncerning this matter, please c	all;					
Emily Maldonado		407 312-2670 at ()						
	Name o	f Person	Area Code Daytim	e Telephone Number				
Enclosed	l is a check for th	ne 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 Addres		<u>Street Address:</u> Registration Se	ction				
Registration Section 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Plorida document number	were filed on 05/11/2022	and assigned	
'his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Moonrise Birth Collective, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	1 "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1746 Eastbrook Blvd		
Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL, 32792		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records,	enter the name of the new regis	
gent and/of the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
	City	, Florida 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			FIG
			□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: (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 ____ 2024 Emily Maldonado, LM

Typed or printed name of signee