

L22000301681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

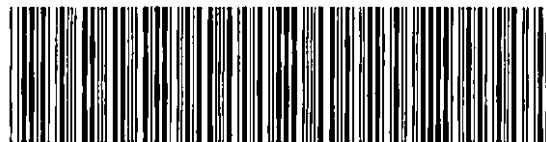
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10/13/23--01016--003 **30.00

2023 OCT 12 PM 5:10

10/20/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Live Love Baby 3D/4D Ultrasound Studio
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jucely Paulino
Name of Person

Live Love Baby 3D/4D Ultrasound Studio
Firm/Company

4416 S. Florida Ct.
Address

Lakeland, FL 33813
City/State and Zip Code

info@live love baby ultrasound.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jucely Paulino at (863) 277-7825
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Live Love Baby 3D/4D Ultrasound Studio LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 OCT 12 PM 5:10

The Articles of Organization for this Limited Liability Company were filed on 10/09/23 and assigned
Florida document number L22000301681.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. 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:

Jucely Paulino

New Registered Office Address:

4416 S. Florida Ct

Enter Florida street address

Lakeland

City

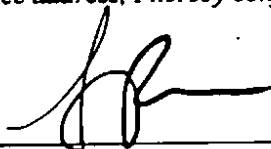
Florida

33813

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rachel Bosko	967 Hunters Meadow Ln	<input type="checkbox"/> Add
		Lakeland, FL 33809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jucely Paulino	2854 Tolworth Ave	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eduardo Paulino	2854 Tolworth Ave	<input checked="" type="checkbox"/> Add
		Orlando, FL 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated October 9, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signer