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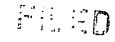
Registration Section Division of Corporations

iect:Fi	TST Glance 1 Name of Line	Baby Ultrasour ned Elability Company	1d LLC
	amendment and (ee(s) are sub- idence concerning this matter		
	Savann	O Terry Name of Person	
	First Glan	CE Baby Uttasa	und
	4372 Sout	hside Blud	
	Jacksonville terry.savar	City/State and Zip Code OOQQYANCO - COYY to be used for Future annual report note	
urther information co	E-Mail address: concerning this matter, please co		fication)
Sayanna Te	Petson	at (<u>904</u>) <u>300 - 4</u> Area Code Daytim	135 7 e Telephone Number
ssed 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 S		<u>Street Address:</u> Registration Se	etion

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



First Glance Baby Ultrasound LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

Articles of Organization for this Limited Lic da document number <u>L230000730</u>		on <u>02/09/2023</u> and ass	igned
amendment is submitted to amend the follo	wing:		
f amending name, enter the new name of	the limited liability compa	iny here:	
.0 name must be distinguishable and contain the wo	ords "Limited Liability Company,	" the designation "LLC" or the abbreviation "L	ic."
er new principal offices address, if applica activation of the address MUST BE A STREET	· 		
er new mailing address, if applicable: ling address MAY BE A POST OFFICE I	 BOX)		
f amending the registered agent and/or re (<u>cand/or the new registered office address</u>		our records, <u>enter the name of the ne</u> y	v registered
Name of New Registered Agent. New Registered Office Address:	Savanna T	ēmy	
	Ent	er Florida street address	
	City	, Florida Zip Code	
		7-117 € 17111	

Registered Agent's Signature, if changing Registered Agent:

rivy accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and in the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is writted to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

H Changing Registered Agent, Signature of New Registered Agent

thending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added emoved from our records:

' 2 = Manager '3R = Authorized Member

	<u>Name</u>	<u>Address</u>	Type of Action
od mar	Savanna Terry	4372 Southside Bivd (Suine 20	<u>©</u> □Add
		Jacksonville FI @2008 32216	s. ⊃ □Remove
			Thange
am <u>br</u>	Savannaterry	4372 Southside Blvd (Suite	ZCJ Z√qd
	,	Jackschville Fl 32216	□ Kemove
			□Change
~ ~			□Add
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	Add my EIN: 92-2242220	
effectiv <u>te:</u> If t	late, if other than the date of filing:)207 (d as t
cord sp Filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ed	212212023	
	Signature of a member or author ded representative of a member	

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