## N08000084839

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

MOBILE MID NAME OF CORPORATION:	WIFE, INC		
N08000004839 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
JAMARAH AMANI			,
	(Name of Contact	Person)	
MOBILE MIDWIFE, INC			
	(Firm/ Compa	any)	
3900 YORKTOWNE BLVD, # 3906			
	(Address)		
PORT ORANGE, FLORIDA 32129			
	(City/ State and Z	ip Code)	
andy@siegerman.com			√
E-mail address: (to be	used for future annual	report notification	(1)
or further information concerning this matter, pl	lease call:		
JAMARAH AMANI		786 at	503-1002
(Name of Contact Pe			(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florid	a Department of	State:
\$35 Filing Fee S43.75 Filing Fe Certificate of Sta	ee & \$\sumsymbol{\sum}\symbol{\sum}\simsymbol{\sumsymbol{\sum}\simbol{\sim}\simbol{\sim}\simbol{\simbol{\sim}\simbol{\simbol{\sim}\simbol{\sim}\simbol{\simbol{\sim}\sin	Certif y is Certif	icate of Status ied Copy tional Copy is
Mailing Address  Amendment Section Division of Corporations P.O. Box 6327	1	Street Address Amendment Secti Division of Corpo Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation of

MOBILE MIDWIFE, INC.			
N0800004839	as currently filed with the Florida Dept. of State)	1.2	
(Docume	ent Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation a	dopts the	following
A. If amending name, enter the new name of the	corporation:		
Southern Birth Justice Network, Inc.		/	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated" or the abbreviation	"Corp."	_I he new or "Inc."
B. Enter new principal office address, if applicab	<u>le:</u>		
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS )	基語	17
		注意	<del></del>
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	OX)		G 1
			<del></del>
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			7
). If amending the registered agent and/or register	ered office address in Florida, enter the name of the	<u>!</u>	
new registered agent and/or the new registered	d office address:		
Name of New Registered Agent:			
_		No.	
New Registered Office Address:	(Florida street address)		
-	, Florida		<del></del>
	(City) (Zip C	(ode)	
New Registered Agent's Signature, if changing Repeterby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the p	osition.	
<del></del>	Signature of New Registered Agent, if changing	· · · · · · · · · · · · · · · · · · ·	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	<u>V</u> <u>N</u>	John <u>Doe</u> Mike Jones Sally Smjth	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
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Remove			
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	e date of each amendment(s) adoption:	, if other than the
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	not be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	11/17/2016 Dated	
	Signature Cerry	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	JAMARAH AMANI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	