(Re	questor's Name)	
bA)	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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S. PRATHEF

COVER LETTER

TO:

Registration Section

Divi	ision of Cor	porations		
SUBJECT:	Gentle Grad	ce Birth Services, LLC		
oomiet.		Name of Lim	ited Liability Company	
771		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	to to an	
i ne enciosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Melissa Melton		
			Name of Person	
		Gentle Grace Birth Service	es	
			Firm/Company	
		259 Venetian Blvd		
			Address	
		St. Augustine FL, 32095		
			City/State and Zip Code	
		mjmelton22@yahoo.com		
		E-mail address: (to be used for future annual report no	tification)
For further in	formation co	oncerning this matter, please ca	all:	
Melissa Mel	ton		904 547-1841 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
Reg Div P.O	ling Address gistration S ision of Co . Box 632' lahassee, F	ection orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monra Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gentle Grace Birth Services, LLC		
(Name of the Limited Liah (A Flor	ility Company as it now appears on our records.) da Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability	Company were filed on 01/02/2025	and assigned
lorida document number L25000006061		دت
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li-	mited liability company here;	
Gentle Grace Birth Company, LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or t	lie abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI		
Trincipal office address MONT BE ABIRCELT ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		name of the new regis
igent and/or the new registered office address nere	•	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 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
<u>_</u>			□Add
			□ Remove
			□Change
			
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			Change
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			□Remove
			□ Change

		
		
		
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