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(City/State/Zip/Phone #)

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(Business Entity Name)

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2019 SEP 23 PM 6:39

FILED
OCT - 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CONSCIOUS HOME LLC
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:

ROBERT SALINAS

Name of Person

THE CONSCIOUS HOME LLC

Firm/Company

101 N. FEDERAL HWY, SUITE 202

Address

HALLANDALE, FL, 33009

City/State and Zip Code

rsalinas @ rcbs.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT SALINAS

Name of Person

at (786)

Area Code

357 - 0110

Daytime Telephone Number

Enclosed 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2019 SEP 23 F

THE CONSCIOUS HOME LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/26/2016 and assign
Florida document number L16000103431.

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**)

600 S OCEAN BLVD APT 50
BOCA RATON, FL, 33432-6270

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

600 S OCEAN BLVD APT 504
BOCA RATON, FL, 33432-6270

**B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address here:**

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 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 A</u>
MGR	LISA S TORUN	600 S OCEAN BLVD	☒ Add
		APT 504, BOCA RATON,	☐ Remove
		FL, 33432-6270	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.

Dated SEPTEMBER 12th, 2019

ROBERT SALINAS

Typed or printed name of signee