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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

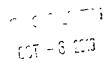
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2019 SEP 23 PM 6: 39



COVER LETTER

Division of Corp	orations		
SUBJECT: THE	CONSCIOUS HOM	NE LLC	
300515C1.	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	BOBE	BT SALINAS Name of Person	
		Name of Person	
	THE CONS	CIOUS HOME LLC	
		Firm/Company	
	101 N. FEDERA	L FWY, SUITE 202	
		Address	
	HALL ANDALE	, FL 33 009 City/State and Zip Code	
	rsalino	o be used for future annual report notifi	
	E-mail address: (b	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	ill:	
ROBERT	SALINAS	at (<u>786)</u> 357 Area Code Daytine	- 0110
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
S25,00 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:

TO:

Registration Section

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

		1	
7019	geo.	22	ε

THE CONSCIOUS HE (Name of the Limited Liability Compar (A Florida Limited L	2019 SEP 23 F OME (CC ny as it now appears on our records.) inability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>[[600 103 43]]</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	llity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	600 5 OCEAN BLVD APT 50
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL, 33432-6276
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	600 3 OCEAN BLUD APT 504 BOCA PATON, FL, 33432-62
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuy Coac
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 or removed	Authorized Person(s) authorized to m from our records:	anage, enter the title, name, and address of eac	ch person bei
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of A
MGR	LISA S TORUN	600 5 OCEAN BLVD	12 Add
		AFT 504, BOCA PLATION,	Removi
		TL, 33432-6270	Change
			Add
			Remove
			Change
		<u></u>	Remove
			Change
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an effo lote: l	ye date, if other than the date of filing:	605. liste
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eagon of	erlie
ated _	SEPTEMBER 121h . 2019	
	,	_
	Signature of a member or authorized representative of a member	
	ROBERT SALINAS Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00