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(City/s	State/Zip/Phon	e #)
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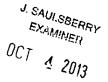




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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONSCIOUS WOMEN INVEST 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:
Dennifer Vina Name of Person
Firm/Company
6221 NW 179 Terr.
City/State and Zip Code NFO Conscious women west. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 318-8814 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Pagietration Section Pagietration Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conscious	Women Invest
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Conference of Organization for Organization for this Limited Liability Conference of Organization for the Organization for Org	ompany were filed on 2/20/3 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6221 NW 179 Terr.
(Principal office address MUST BE A STREET ADDR	Miami, Fl 33015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	203 SE 30 F
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	Tennifer Nina
New Registered Office Address:	Enter Florida street address
$\overline{\mathcal{N}}$	Florida 33015 Zip Code
New Registered Agent's Signature, if changing Registered	d 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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MGR = Manager

MGRM = Managing Member **Address Title Name Type of Action** MGRM Jennifer Nina 6221 NW 179 Terr XAdd Add Remove Remove Remove Remove Remove

1 am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_) / / O /h
<u> </u>	eptember 4th; 2013.
	Signature of a/member or authorized representative of a member
	Livia (ander)
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 30 AM 9: 27