

L14000064334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

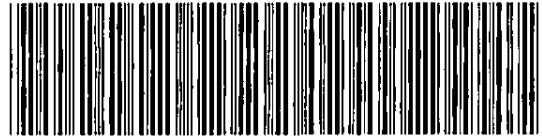
(Business Entity Name)

(Document Number)

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LLC Amend

2024 OCT 11 PM 1:10

2024 OCT -1 PM 1:10  
CLERK OF SUPERIOR COURT  
-11-11-2024

FILED

A. RAMSEY

OCT 15 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONSCIOUS INVESTMENTS CHOICES, 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:

CARLOS R. ALVAREZ

Name of Person

CONSCIOUS INVESTMENTS CHOICES, LLC

Firm/Company

20140 NE 3 COURT Unit 5

Address

MIAMI, FL 33179

City/State and Zip Code

ACCOUNTING@AMTAXSERV.NET

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

For further information concerning this matter, please call:

LIVAN LEYVA

33184 3052286770

at ( )

Name of Person

Area Code

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

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

~~SECRET~~ ~~PROPERTY OF STATE~~  
~~ds.)~~ ~~TRANSFER OF~~

**If Changing Registered Agent, Signature of New Registered Agent**


**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

 \_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**