114000084323

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COVER LETTER

TO:	Registration Se Division of Cor			
CHD II	Alyka Solu	utions LLC		
SUBJI		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Katarzyna Jamroz		
		Alyka Solutions L.LC	Name of Person	
		1005 Bucida Rd	Firm/Company	
		Delray Beach, FL 33483	Address	<u> </u>
		kj@kasiajamroz.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Katarz —	yna Jamroz		626 6160294 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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

FILED

2019 JAN 11 PM 3:44

Alyka Solutions L.L.C		TEAT O TALL
(Name of the I	imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	LALLAPASSEE, FL
The Articles of Organization for this Limite Florida document number L14000084323	ed Liability Company were filed on May 27, 2014	and assigned
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nam	ne of the limited liability company here:	
Conscious Leading Solutions L.L.C		
The new name must be distinguishable and contain t	the words "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if ap	plicable:	
(Principal office address MUST BE A STR	REET ADDRESS)	
Enter new mailing address, if applicable:		
B. If amending the registered agent a registered agent and/or the new registered of New Registered Agent:	and/or registered office address on our records, doffice address here:	enter the name of the ne
New Registered Office Address:	Enter Florida street address	
	Flori	da
	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 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 Title <u>Name</u> <u>Address</u> Type of Action □ Add _□ Remove _□ Change □ ∧dd _□ Remove ☐ Change _ 🗆 Add ☐ Remove _ 🗆 Change _□ Add □ Add ☐ Remove _____ Change

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Effectiv	te date, if other than the date of filing:
Note: 1	rtive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not seffective date on the Department of State's records.
	and the separation of order spectrum.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
	01/02/2019
Dated _	01/08/2019
	$VI \cap UUIA$

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Typed or printed name of signee

Filing Fee: \$25.00