L140000 84323

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COVER LETTER

TO:

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CHD IFCT.	Conscious	Leading Solutions LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Katarzyna Jamroz		
			Name of Person	
		Conscious Leading Solution	ons LLC	
			Firm/Company	
		1005 Bucida Rd		
		Delray Beach, FL 33483		
			City/State and Zip Code	
		kj@kasiajamroz.com		
		E-mail address: (to be used for future annual report not	ification)
For further i	information c	oncerning this matter, please c	all:	
Katarzyna I	Jamroz		626 616 0294	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres gistration S		<u>Street Address:</u> Registration Se	ction
	_	orporations	Division of Cor	
	O. Box 632		The Centre of T	Fallahassee
Та	llahassee, I	FL 32314	2415 N. Monro	e Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conscious Leading Solutions LLC	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Company)	n appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L14000084323</u> .	I on May 27, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20
(Principal office address MUST BE A STREET ADDRESS)	200
	<u> </u>
Enter new mailing address, if applicable:	를
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
Muning dualess MAT BE ATOST OFFICE BOA)	£
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: Name of New Registered Agent:	n our records, <u>enter the name of the new register</u>
New Registered Office Address:	nter Florida street address
	. Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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Typed or printed name of signee

Filing Fee: \$25.00