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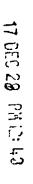
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COVER LETTER

	Registration Sec Division of Cor			
cup icc		Remedies LLC		
SUBJEC	Т:		ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Klaus Meyer		
			Name of Person	
			Firm/Company	
		6310 Barbara Street		
			Address	
		Jupiter, FL 33458		
			City/State and Zip Code	
		klausitomeyer@gmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For further	r information co	oncerning this matter, please ca	all:	
Jason Ma	arc Altman		561 733-5300 at () Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	0 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

Conscious Remedies LLC			#####################################
(Name of the Limi	ted Liability Compar	iv as it now appears on our records.) iability Company)	 `
The Articles of Organization for this Limited Laboratory Florida document number L14000183832 This amendment is submitted to amend the following the follow	iability Company		and assigned
A. If amending name, enter the new name ο	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the venture new principal offices address, if applied of the principal office address MUST BE A STREET	cable:	ty Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	2195 VAL D StEAM GOAT SPA 804) is ERE Cin
3. If amending the registered agent and registered agent and/or the new registered o			the name of the new
Name of New Registered Agent:	Jason Marc Altn	nan, CPA	
New Registered Office Address:	1880 N Congres	s Avenue Suite 307 Enter Florida street address	

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.

City

Boynton Beach

If Changing Rogistered Agent, Signature of New Registered Agent

Florida 33426

Page 1 of 3

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
			Change
			□ Remove
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iffect	ve date, if other than the date of filing: (optional)	
f an eff	ective 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.	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.	ed as
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlie 90 th day after the record is filed.	er of
1110	Join day after the record is filed.	
Dated	12-15- 2017. Blug H.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00