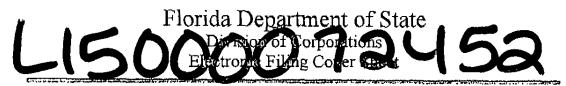
5/4/2015

Division of Corporations



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(((H15000109020 3)))



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Division of Corporations

Fax Number

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: (850)617-6383

From:

Account Name : HISPANUSA INC

Account Number : I20070000099

Phone

: (954)478-2706 : (954)934-0334

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

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COVER LETTER

	Registration S Division of Co			•
SUBJEC	UNIVERS	SITY OF CONSCIOUSNESS I	CLC	
SOLDIEC	- X ÷	Name of Lin	nited Liability Company	
 				
		Amendment and fee(s) are sui	•	
Please re	turn all corresp	ondence concerning this matter	r to the following:	
		MIGUEL L. HERRERA	RODRIGUEZ	
			Name of Person	
		UNIVERSITY OF CONS	CIOUSNESS LLC	
			Firm/Company	
		6406 NW 105 PL		
			Address	
		DORAL FL 33178		
	•		City/State and Zip Code	
		hispanusa@hotmail.com	to be used for future annual report no	tticotton
For furthe	er information o	concerning this matter, please of		micanony
		RODRIGUEZ		
	Name o	f Person		me Telephone Number
Enclosed :	is a check for th	ne following amount:		
\$25.00	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)
	Registr Divisio P.O. Bo	ing ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Section Section Section of Corporation Building 2661 Executive Country Tallahassee, FL 3	orations Senter Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION \mathbf{OF}

UNIVERSITY OF CONSCIOUSN							
(Name of the limit	ed Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)				
The Articles of Organization for this Limited Li Florida document number L15000072452	ny were filed on 04/24/2015 ar				and assigned		
This amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	the limited liab	oility company here:					
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the design	sation "LLC" or	the abbreviati	on "L.L.	C."	
Enter new principal offices address, if applica	ble:						
Principal office address MUST BE A STREE	(ADDRESS)	49 MAJORCA AVI	E APT 401	TAS	20		
		CORAL GABLES	FL 33134	105	52	7000	
Enter new mailing address, if applicable:	ew mailing address, if applicable:			ETAR) (HASS	AY -5		
Mailing address MAY BE A POST OFFICE 1	BOX)	49 MAJORCA AVI	APT 401	_ iriq	-		
		CORAL GABLES I	L 33134	(10)	Ö.		
B. If amending the registered agent and/or the new registered off			r records, <u>er</u>	ter 'the n	~	the ne	
Name of New Registered Agent:				 			
New Registered Office Address:	49 MAJORCA						
		Enter Florida si	reet address				
	CORAL GABI		, Florida	33134			
		City		Zip (Code		

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>	Name HERRERD RODRIGUEZ	Address	Type of Action
AMBR	MARIA V.	6406 NW 105 PL	
		DORAL FL 33178	■ Remove
	CEBALLOS OCTIZ,		Change
AMBR	MARIA V.	49 MAJORCA AVE APT 401	= Add
		CORAL GABLES FL 33134	□ Remove
	HERRERA RODRIGUEZ,		Change
MGR	MIGUEL L.	49 MAJORCA AVE APT 401	
		CORAL GABLES FL 33134	□ Remove
			■ Change
			D Add
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ffective date, if other than t	he date of filing	05/04/2015		(options	11)	
			date of filing or more c statutory filing re	than 90 days after fili	ng.) Pursuant to 605	5.020 ed a
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