

MAY/05/2015/TUE 11:02 AM

FAX No.

P. 001

5/4/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L15000072452

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000109020 3)))



H150001090203ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : HISPANUSA INC
Account Number : I20070000099
Phone : (954)478-2706
Fax Number : (954)934-0334

2015 MAY -5 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNIVERSITY OF CONSCIOUSNESS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

15 MAY -5 AM 10:00

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAY 06 2015
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

MAY/05/2015/TUE 11:03 AM

FAX No.

P. 002

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSITY OF CONSCIOUSNESS 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:

MIGUEL L. HERRERA RODRIGUEZ

Name of Person

UNIVERSITY OF CONSCIOUSNESS LLC

Firm/Company

6406 NW 105 PL

Address

DORAL FL 33178

City/State and Zip Code

hispanusa@hotmail.com

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

For further information concerning this matter, please call:

MIGUEL L. HERRERA RODRIGUEZ

954 934-0194
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UNIVERSITY OF CONSCIOUSNESS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/24/2015 and assigned Florida document number L15000072452.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

49 MAJORCA AVE APT 401

CORAL GABLES FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

49 MAJORCA AVE APT 401

CORAL GABLES FL 33134

FILED
2015 MAY -5 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

49 MAJORCA AVE APT 401

Enter Florida street address

CORAL GABLES

City

Florida 33134

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	HERRERA RODRIGUEZ MARIA V.	6406 NW 105 PL	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CEBALLOS ORTIZ, MARIA V.	49 MAJORCA AVE APT 401	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HERRERA RODRIGUEZ, MIGUEL L.	49 MAJORCA AVE APT 401	<input type="checkbox"/> Add
		CORAL GABLES FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 MAY -5 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY/05/2015/TUE 11:03 AM

FAX No.

P. 005

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 05/04/2015 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 04 2015

Signature of a member or authorized representative of a member

MIGUEL L. HERRERA RODRIGUEZ

Typed or printed name of signee

FILED
2015 MAY -5 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA