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	Registration Se Division of Cor				
GUD IV		OURNEY LEGAL SERVICES.	. PLLC		
SUBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please rei	turn all correspo	ndence concerning this matter	to the following:		
		VIVIEN LURLENE			
			Name of Person		
		SOUL'S JOURNEY LEGA	AL SERVICES, PLLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	6015 43RD COURT EAST		Г	1 70 20 20 3	
			Address		
	BRADENTON FL 34203				
			City/State and Zip Code	**	
		leora@lightonconsciousnes			
		E-mail address: (to be used for future annual report notification)		
For furth	er information e	oncerning this matter, please ca	all:		
VIVIEN	LURLENE		941 7999112 at ()		
	Name of	f Person	Area Code Daytime Telephon	ne Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporation	ne.	
	P.O. Box 632	•	The Centre of Tallahass		
	Tallahassee, I		2415 N. Monroe Street.		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Com	appears on our records.) cany)	
The Articles of Organization for this Limited Liability Company were filed or	on November 19, 2018	and assigned
Florida document number L16000021014		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
Light on Consciousness, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,	" the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	·	- (3)
(Principal office address MUST BE A STREET ADDRESS)		
The special office and the street like the str		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Multing duaress MAT BE A POST OF FICE BOX		(
B. If amending the registered agent and/or registered office address on	our records, enter the nam	e of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:		
	er Florida street address	
City	, FIOTRIA	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 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>	Type of Action
		<u></u>	
			□Remove
			Change
			□Add
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fil tument's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.n s filed.	n, on the earlier of: (b) The 90th day after t
ed here 2 . 2023.	
ted Duni 2 2023. Vivien Curley Signature of a member or authorized representation	ive of a member

Filing Fee: \$25.00