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COVER LETTER

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CUBICO	PR 1			
SUBJEC	(1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fec(s) are sub	emitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Rebecca Freedman		
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: Rebecca Freedman Name of Person Rebecca Freedman, LLC Firm/Company 844 46th Avenue North Address St. Petersburg, FL 33703 City/State and Zip Code rebecca@conscious-accounting.com E-mail address: (to be used for future annual report notification) r information concerning this matter, please call: freedman 603 440-8277 Area Code Daytine Telephone Number			
		844 46th Avenue North	Firm/Company	
	St. Petersburg, FL 33703	Address		
		Name of Limited Liability Company rticles of Amendment and fec(s) are submitted for filing. Rebecca Freedman Name of Person	ting.com	
			·	ication)
For further	er information co	oncerning this matter, please ca	all:	
Rebecca	Freedman			
<u> </u>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	O Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Rebecca Freedman, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears or rida Limited Liability Company)	n out tecolds")
The Articles of Organization for this Limited Liability Florida document number L16000116261	y Company were filed on 6/16/	2016 and assigned
	 -	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here	:
Conscious Accounting, LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	····
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new		
Name of New Registered Agent:		or records, enter the name of the new
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my agent as provided for in Cha ered office address, I hereby o	duties, and I am familiar with and perfect of the pter 605, F.S. Or, if this document is
	If Changing Registered Agent	Signature of New Registered Agent
	Page 1 of 3	FOSSI 4

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	Address	Type of Action
			D Add
			Remove
			Change
			D Add
			□ Remove
			Change
			Add
			
			Change
			
			Remove
			Change
			🖸 Add
			Remove
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this bloument's effective date on the De	ck does not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Purequirements, this date will	suant to 605,020 not be listed a
record specifies a delayed he 90th day after the reco		ot an effective tim	e, at 12:01 a.m. on t	he earlier o
February 12th	2019	/		
	Signature of a member or mil	portuni representative of	member	
•	repended of a member of Butt.	ionazo representative or	a mortifica	

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Filing Fee: \$25.00