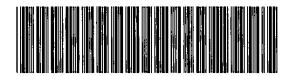
<u>U6000185125</u>

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400291938324

11/07/16--01039--005 **60.00

FILEU

16 NOV -7 M II: 08

SECRETARY OF STATE
SECRETARY OF STATE
ANASSEE, FLORIDA

D. SCOTT NOV 9 2016 To The Florida Department of State Division of Corporation,

Attached are the forms to remove Camron Carra from Conscious Contact Sober Living LLC. I would like these filed as soon as possible please.

Thank you, Gina Ricchiuti 4603 Lexington Ave Lake Worth FL 33463 516-241-9929



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CONSCIOUS CONTACT SOBER LIVING 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:	
Gina Ricchiuti	
Name of Person Contact Colons Name of Person	
Conscious Contact Sober 11 VING	
131 Walton Blvd Address	
West Palm Beach FC 33405 City/State and Zip Code	
Gricchiuti Official - Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	**
Gina Ricchiuti at 510 241-9929 ES 3 Name of Person at 610 Daytime Telephone Number 3	FILE
Enclosed is a check for the following amount:	0
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	⊋ 30

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

TO ARTICLES OF ORGANIZATION OF

<u>Conscious Contac</u>	ct Solver Living LIC
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 10516 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limitation of the contain the words "Limitation of the contain the words "Limitation".	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the mame of the new ress here:
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Fig. 20
- · · · · · · · · · · · · · · · · · · ·	Enter Florida street address
	, Florida
	City Zin 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

or removed from our records:

MGR = Manager

AMRD - Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Camion Carra	231 Walton Blud,	Add
		west Palm Beath, FL 33405	A Remove
			Change
			□ Add
			□ Remove
			Change
		W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	□ Add
			Remove
			Change
rindendrit Military, manana		- IST	Add
			Remove
			Offenge
			Offenge Add
		_	🗆 Remove
	•		Change
			□ Add
			_□ Remove
			□ Change

_	•
	,,
_	
_	
444	
-	
-	
_	
_	
_	
_	
_	
_	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
_	
(If an eff	(optional) Sective date, if other than the date of filing:
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	en .
Duited .	Signature of a member or authorized representative of a member
	GINA RICCHIUTI Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00