

L18000165356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

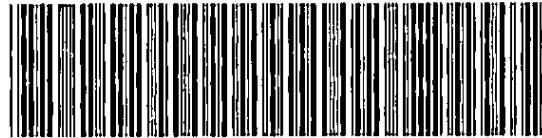
(Business Entity Name)

(Document Number)

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SEP 21 2020

09/22/20--01012--012 \*\*25.00

FILED  
2020 SEP 21 PM 6:36  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

OCT 29 2020

S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LINCEIS CONSCIOUS BUSINESS GROUP, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas V. Pulignano, Jr.

\_\_\_\_\_  
Name of Person

Marks Gray, P.A.

\_\_\_\_\_  
Firm/Company

1200 Riverplace Blvd., Suite 800

\_\_\_\_\_  
Address

Jacksonville, FL 32207

\_\_\_\_\_  
City/State and Zip Code

nvp@marksgray.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas V. Pulignano, Jr.

904 807-2105

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

LINCEIS CONSCIOUS BUSINESS GROUP, 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 July 9, 2018 and assigned  
Florida document number L18000165356

**FILED**  
2020 SEP 21 PM 6:36  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

City

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	Edward C. Powell	1848 Challen Avenue	<input type="checkbox"/> Add
		Jacksonville, FL 32205	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Andrea Haas	13557 N. Noah Court	<input type="checkbox"/> Add
		Kamas, UT 84036	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Veronica Rodriguez	1844 Tierra Verde Drive	<input type="checkbox"/> Add
		Atlantic Beach FL 32233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jon C. Patton	145 Linkside Circle	<input type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 September 2 2020

*Susan H. Roberts*

Signature of a member or authorized representative of a member

Susan H. Robertson, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**