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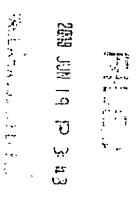
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### **COVER LETTER**

Division of Corporations
SUBJECT: UNITY CONSCIOUSIVESS WORIDWIDE L 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:
Mane of Person
Unity Consciousness Wolldiwide LLC Firm/Company
8665 Boca GladPS Blud Wapt F
Boca Ration FL 33434 City/State and Zip Code
City/State and Zip Code  (01) P(P:55Fd official 0 a mail - com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Moderal Kriten at (561) 305-0953  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section  STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION OF

(A FROMGE Entitled F	saturity Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOOCESTUS</u> This amendment is submitted to amend the following:	were filed on 2. 200 / 19 19 3: htt and assigned
A. If amending name, enter the new name of the limited liab  COLD PRESSED, L. L.  The new name must be distinguishable and contain the words "Limited Liabil	
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 of registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address

### 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 win 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
	<del></del>		Add
			□ Change
			Remove
		/	Change
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(If an efl Note:	ive date, if other than the date of filing:  (optional)  (octive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
f the red b) 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	,,
	Signature of a member or authorized representative of a member
	Mordechai Kesten
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00