L19000219108

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

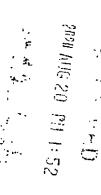
Office Use Only

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C. GOLDEN AUG 2 5 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

		 		
Conscientia Family C	Office, LLC			
		-		
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			ļ 	Dissolution / Withdrawal
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				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
			<u> </u>	Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
D				Driving Record
Requested by: SETH	08/21/20			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Walk-In	Will Dial II-			UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

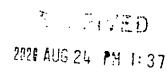
Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
SUBJEC		Family Office, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Samuel S. Blum, Esquire		
			Name of Person	***************************************
		v	Firm/Company	
		2666 Tigertail Avenue, Su	ite 106	
			Address	
		Coconut Grove, Florida 33	133	
		laura@samblum.com E-mail address: (City/State and Zip Code to be used for future annual report noti	fication)
For furth	her information c	oncerning this matter, please ca		
Samuel	S. Blum, Esquire	2	305 854-1885	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclose	d is a check for th	ne 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 S		<u>Street Address:</u> Registration Se	ction
	Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303





Letter Number: 620A00015986

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2020

CAPITAL CONNECTION, INC.

SUBJECT: CONSCIENTIA FAMILY OFFICE, LLC

Ref. Number: L19000219108

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1. 1111:15

Conscientia Pamily Office, LLC			
(A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000219108</u>	were filed on August 27, 2019 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1395 Brickell Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Suite 690		
	Miami, Florida 33131		
Enter now mailing address (fam. 1)	1395 Brickell Avenue		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 690		
(Manang dauress MAT BE A FOST OFFICE BOA)	Miami, Florida 33131		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new register</u>		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
N - D - L - L - L - L - L - L - L - L - L	·		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrey	ee to act in this capacity. I further agree to comply with th		
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is		

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>	Address	Type of Action
MGR	Maria Cecilia Chaer	c/o 2666 Tigertail Avenue, Suite 106	□Add
		Coconut Grove, Florida 33133	
			□Change
MGR	Cecilia Brandileone	1395 Brickell Avenue	3 Add
		Suite 690	
		Miami, Florida 33131	···
			□Remove
			□Chunge
			□Add
			□Remove
			□Change
			OAdd
			□Remove
		-	□Add
			IRemove
			□ Change

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. Flling Fee: \$25.00