L19000241257

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

	Registration Se Division of Cor			
(1111) 112 CT	. An Empow	ered Consciousness LLC	er Serie	
SUBJEC	l:	Name of Limi	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	um all correspo	ndence concerning this matter	to the following:	
		BIANCA CHERY		
			Name of Person	
		-	Firm/Company	
		1161 NE 142 STREET		
		-	Address	
		NORTH MIAMI FL 3316	1	
		BIANCA_CHERY@OUTL	City/State and Zip Code OOK.COM to be used for future annual report n	
For further	r information co	n-mail address: (i oncerning this matter, please or	·	otification)
BIANCA	CHERY	,	786 868-2029 at ()	3
	Name of	Person		ime Telephone Number
Enclosed i	s a check for th	e following amount:		
■ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u> Tailing Address</u> Registration S		Street Address: Registration S	Section
	Division of C		Division of C	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 117 AK 10: 56

An Empowered Consciousness LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L19000241257	Company were filed on 09/23/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Transcendent Consciousness LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	(mer 1 to) att meet tidavem	
	, Florid	
	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 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
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be pri s block does not meet the appl	icable statutory filing requ	(optional) an 90 days after filing.) Pursuant to airements, this date will not be	> 605.0207 (2 c listed as th
he record specifies a delayed effeord is filed.	ctive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
14 70	2020			
May 7th	_	-		
Dated May 7th				

Filing Fee: \$25.00