## L20000190782

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Certified Copies	_ Certificates	s of Status
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT:	. Name of Limit		j LLC
The enclosed Articles of Am	Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filting.  In all correspondence concerning this matter to the following:  Christian Radiguez  Name of Person  Conscious Living LLC  Firm/Company  Gag NW 34 PL  Address  Mapri, FL 33182-1667  City/State and Zip Code  Conscious Living not Person  E-mail address: (to be yield for future annual report notification)  information concerning this matter, please call:  Area Code  Name of Person  a check for the following amount:		
Please return all corresponde	nce concerning this matter t	o the following:	
	Christi	Name of Person	
	Cons	Cious Living Firm/Company	LLC
	639 1	VW 134 PL Address	
	M	ami, FL 33182 - City/State and Zip Code	-1667
-	CONSCIOUS IN E-mail address: (4	inahost @ amail.c	cation)
For further information conc			
Christian Name of Pe	Rodaiguez_	at ( <u>786</u> ) <u>564</u> Area Code Daytime	6456 Telephone Number
Enclosed is a check for the f	ollowing amount:		
<b>✗</b> \$25.00 Filing Fee			

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**

/	7773 AL 17 FH 6: 37
Conscious Li (Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)
	•
The Articles of Organization for this Limited Liability Com-	npany were filed on July 06, 2020 and assigned
Florida document number <u>L20000190782</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d 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 ADDRES	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	Maria Martinez
New Registered Office Address:	639 NW 134 F1  Enter Florida street address
	Miami Florida 33182
New Registered Agent's Signature, if changing Registered A	sgent:

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	2223 AUT 17 PM 6: 37 Address	Type of Action
AMBR	Jose Gutierrez	6010 NW 104 CT	
		Miami, FL 33178	<b>X</b> Remove
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	CIAL INTERNAL	
	ing any other information, enter change(s) here: (Attach daditional sheets, if necessary.)	37
(If an effective	date, if other than the date of filing:	
	's effective date on the Department of State's records.	
he record sp ord is filed.	occities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	August 10 2020	
	Signature of a member or authorized reprocessing a member	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00