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| PICK-UP WAIT MAIL |
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COVER LETTER

Tallahassee, FL 32314

| TG: Registration So Division of Co | | | | | |
|---------------------------------------|--|---|--|--|--|
| | Living Consulting LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | Paula De Oliveira Santos | | | | |
| | | Name of Person | | | |
| | Conscious Living Consulting | ng LLC | | | |
| | | Firm/Company | | | |
| | 7805 Thornhill Lane | | | | |
| | | Address | | | |
| | Tallahasee, FL, 32312 | | | | |
| | | City/State and Zip Code | | | |
| | Paulagdos@gmail.com | to be used for future annual report noti | | | |
| For firsther information | | · | neation | | |
| | concerning this matter, please ca | att. | | | |
| Paula De Oliveira Santos | | 305 322-9910 at () | | | |
| Name (| of Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for t | he 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) | | |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Sec | ction | | |
| Division of C | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Conscious Living Consulting LLC | | anada V |
|--|------------------------------------|-----------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | Liability Company) | <u>.0145.</u>) |
| he Articles of Organization for this Limited Liability Company | y were filed on $\frac{2/27/23}{}$ | and assigned |
| lorida document number L23000104205 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | |
| he new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | | 202 |
| Principal office address MUST BE A STREET ADDRESS) | | 2073 1797 |
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| nter new mailing address, if applicable: | | မ္ |
| Mailing address MAY BE A POST OFFICE BOX) | | |
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| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, en | 9 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ad | dress |
| | | . 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> | Address | Type of Action |
|--------------|--------------------------|---|----------------|
| AMBR | Paula De Oliveira Santos | 7805 Thornhill Lane, Tallahassee, FL. 32312 | = Add |
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| Tective date, if other than the n effective date is listed, the date mote: If the date inserted in this cument's effective date on the | olock does no | ot meet the app | licable statutory | e or more than 90 tiling requiren | (optional) days after filing, nents, this date | Pursuant to 605.0 will not be listed | 207 i 1 as 1 |
| ecord specifies a delayed effect is filed. | ive date, but t | iot an effective | time, at 12:01 | a.m. on the earl | ier of: (b) The | e 90th day after t | :he |
| ted October 20 | | 2023 | | | | | |
| | 27 | | _ | | | | |
| forlo | | | | | | | |
| -forle | Signature of | `a member or au | thorized represer | itative of a memb | er | | |