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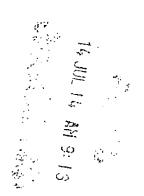
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Conscious Capital, LLC			
	Name of Foreign	Limited Liability	y Compai	ny
Dear S	Sir or Madam:			
The er	nclosed application, certificate and fee(s) a	re submitted for	filing.	
Please	return all correspondence concerning this	matter to the fol	lowing:	
Joan	D. Fisch			
	Name of Person	.		
Cons	scious Capital, LLC			
_	Firm/Company			
1431	Blue Jay Circle			
	Address			
West	ton, FL 33327			
	City/State and Zip Code			
tefiso	ch@mac.com			
E-m	nail address: (to be used for future annual r	eport notification	1)	
For fu	rther information concerning this matter, p	lease call:		
	Fisch		240-600	0
	Name of Person	Area Code &	Daytime	Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registrat Division P.O. Box	ion Section of Corporations 6327 see, Florida 32314
	sed is a check for the following amount: Filing Fee \$\square\$ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fo		□ \$60 Filing Fee, Certificate of Status & Certified Copy

• AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. N S	lame of limited liability Company as it appears on the records of the Florida Department of tate: Conscious Capital, LLC
2. Ji	Delaware urisdiction of its organization:
3. E	03/04/2011 Date authorized to do business in Florida:
SEC	TION II (4-7 complete only the applicable changes)
4. N	lew name of the limited liability company: (must contain "Limited Liability Company." "L.L.C.," or "LLC.")
Flori the a	ame unavailable, enter alternate name adopted for the purpose of transacting business in ida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." LLC.")
5. If N	the amendment changes the jurisdiction of organization, indicate new jurisdiction: (A
	the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate at change:
	: Joan D. Fisch as Manager
a	Attached is an original certificate, if required: no more than 90 days old, evidencing the forementioned amendment(s), duly authenticated by the official having custody of records in the prisdiction under the law of which this entity is organized. Signature of the authorized representative
	Todd E, Fisch Typed or printed name of signee
	i pod ot printed nume of signed

Filing Fee: \$25.00