## 118000004149

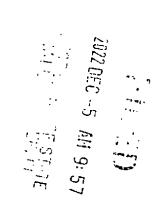
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A DUTTER
FEB 13 2023

TO: Amendment Section Division of Corporations

Conscious Feminine Medicine, inc. NAME OF CORPORATION: N18000004149 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Leonor Murciano-Luna (Name of Contact Person) Conscious Feminine Medicine (Firm/ Company) 1040 N.W. 185 Ave. (Address) Pembroke Pines, Florida 33029 (City/ State and Zip Code) nuraluna l l @gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 2747765 Leonor Murciano-Luna (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: 12\$43.75 Filing Fee & \□\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Attention: anissa Butter

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\* I called you and please call me to let me know you have recieved this amendment. Thankyou.

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Conscious Feminine Medicine, inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N18000004149 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A Florida \_ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add Remove	DCEO	Leonor Murciano-Luna	1040 N.W. 185 Ave. Pembroke Pines, Florida 33029
2) X Change Add	DVP	Kaelyn Luna	1040 N.W. 185 Ave. Pembroke Pines, Florida 33029
Remove 3) × Change Add Remove	DS	Erin Luna	1040 N.W. 185 Ave. Pembroke Pines, Florida 33029
4) × Change Add	DT	Mia Luna	1040 N.W. 185 Ave. Pembroke Pines, Florida 33029
Remove  5) Change Add  X Remove	VP	Aradia Vive	1040 N.W. 185 Ave. Pembroke Pines, Florida 33029
6) Change Add	<del></del>		
E. If amending or addin (attach additional shee	g additional Articus, if necessary).	cles, enter change(s) here: (Be specific)	

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	11/11/21		
			, if other than th
date this document was signed			
	11/11/21		
Effective date if applicable:		1 6 1 101	
	(no more than 90	days after amendment file date)	
Note: If the date inserted in the document's effective date on the			its, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/w was/were sufficient for ap		and the number of votes cast for the	e amendment(s)

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	11/11/21
Dated	<del></del>
Signature	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Leonor Murciano-Luna
	(Typed or printed name of person signing)
	DCEO
	(Title of person signing)