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CEREMAN OF STATE

A. BUTLER MAY - 2 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Auxar Capital Management LLC Namo of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Antoine Threath
MSUSHO TIMUSTRIES TIME,
1489 N. Military Tr Ste #111
West Palm Beach, FL 33409 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Antoine Tweath at Scale Daytime Telephone Number Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Ausar Capital N	langaement 2022 APR	78 PM 2: 32		
(Name of the Limited Liability Comps (A Florida Limited	inv as it now appears on our records Liability Company) SECTOR 1/2 TALLS	E) EY OF STATE		
The Articles of Organization for this Limited Liability Company Florida document number <u>COGO2786L</u> .	were filed on $03/27/3$	2009 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab MSMSHC ERROA The new name must be distinguishable and contain the words "Limited Liabi	YLLC	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2101 Vista 4014 West Palm Beac	Parkway h, FL 33411		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2101 Vista F C1014 West Palm B	each, FL 33411		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered		
Name of New Registered Agent:	<u> </u>			
New Registered Office Address: Enter Florida street address				
		orida Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	Ciṇ [,]	zip Coae		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ree to act in this capacity. I fut performance of my duties, an provided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is		

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If aniending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>-</u>			□ Add
			□Remove
			□ Change
			□Remove
			Change
			□ Add
			□Remove
			□Clunge
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
-			□ Add
			□Remove
			□Change

D. If amending any otl	ier information, enter	cnange(s) nere: (Anacn adamonai sne	ets, if necessary.)	
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Note: If the date inser	d, the date must be specific a	nd cannot be prior to da t meet the applicable		(optional) 0 days after filing.) Pursuant ments, this date will not b	
f the record specifies a del ecord is filed.	ayed effective date, but n	ot an effective time,	at 12:01 a.m. on the ca	rlier of: (b) The 90th da	y after the
Dated A Pri	Along Signature of	2077	d representative of a mem	ber	
4,	ntoine	Threat	ane of signee		