

L18000197981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

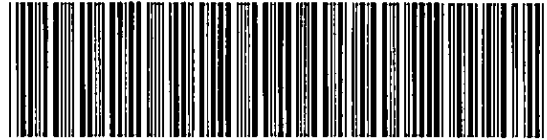
(Business Entity Name)

(Document Number)

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10/09/21--01033--004 \*\*43.75

21 NOV 19 PM 3:18

T. MATTHEWS

NOV 18 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2021

CLARA RIVADENEIRA  
2742 SW 8 STREET STE 201  
MIAMI, FL 33135

SUBJECT: AURA AT BOOKS, LLC  
Ref. Number: L18000197981

We have received your document for AURA AT BOOKS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 421A00025203

### Rivadeneira & Associates Inc

2742 SW 8<sup>th</sup> Street # 201, Miami, Florida 33135

Office: 305-643-2248 | Cellular: 305-606-6490 | Fax: 305-643-0510

E-Mail: riva@gate.net.

Some investments are worth more than others, consult a professional.

## FAXCOVER

Date: 11/17/2021  
Num of pgs including cover sheet: 13

To: Mrs: TeKayla T Matthews  
Phone: 850-245-6050  
Fax phone: 850-245-6897  
E-mail: \_\_\_\_\_  
CC: \_\_\_\_\_  
RE Project: \_\_\_\_\_  
Violation: \_\_\_\_\_

From: Rivadeneira & Associates Inc  
FAX PHONE: 305-643-0510  
PHONE: 305-643-2248

REMARKS:      Urgent      For your review      Reply ASAP      Per Your Request      X

AUYA AT BOOKS LLC  
L 18000197981

Email  
riva@gate.net

Thank you for your  
Help.

#### NOTICE OF CONFIDENTIALITY

The documents accompanying this fax transmission contain information, which is confidential and privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this fax information is prohibited. If you have received this fax in error, please notify us at (786)486-9910 immediately, so we can arrange retrieval of the original documents at no cost to you.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

21 NOV 18 PM 3:18

AURA AT BOOKS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L18000197981

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited 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 ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_

**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**



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

21 OCT 19 3:10

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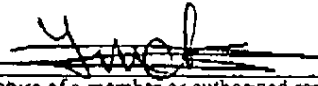
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 28, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ORHAN DUZ  
\_\_\_\_\_  
Typed or printed name of signee