K21CCC 341131

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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A. BUTLER JAN - 6 2022

COVER LETTER

	Auralia 739	LLC			
UBJECT: _			 		
		Name of Lim	ited Liability Company		
he enclosed A	articles of A	mendment and fee(s) are sub	mitted for filing.		
lease return al	ll correspond	dence concerning this matter	to the following:		
		Terra Smith			
		Thresholds LLC	Name of Person		<u>_</u>
		Thresholds LLC			
		333 SW Mizner Blvd	Firm/Company		
		Boca Raton, FL 33432	Address		
		Thresholdsllcinfo@gmail.c	City/State and Zip Code		
		_	to be used for future annual re	eport notification)	
or further info	rnuation cor	cerning this matter, please ca	nli:		
Terra Smith			561 543	2-3735	
	Name of F	'erson	at ()_ Area Code	Daytime Telepho	one Number
Enclosed is a cl	heck for the	following amount:			
≡ \$2 5.00 Fili:	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}



· ·	2021 DEC 20 PM I2: 4(,
Auralia 739 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)	-
The Articles of Organization for this Limited Liability Company L21000391131 Location for this Limited Liability Company		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Aurelia 739 LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:	333 S.E. Mizner Blvd	
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL33432	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		egis
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 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>	Name	Address	Type of Action
			□Add
			🗀 Remove
			□Change
			Dadd
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ffective date, if other than	the date of filin	g:		(opt	ional)	
an effective date is listed, the date lote: If the date inserted in the	is block does not	d cannot be prior to meet the applica	o date of filing or m ble statutory filin	ore than 90 days afte g requirements, th	er filing.) Pursuant to 6 us date will not be l	605.0207 (isted as t
ocument's effective date on t	ne Department of	State's records.	•	. ,		
record specifies a delayed eff l is filed.	ective date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day at	iter the
December 15 ated		2021				
		·	- ·			
	Signature of a	member or author	ized representative	of a member		