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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L2100010608

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((H24000186036 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALURIA FINANCIAL, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED
2024 MAY 24 PM 12:30
SECRETARY OF STATE

T. LEMIEUX

RECEIVED

2024 MAY 24 PM 12:26

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALURIA FINANCIAL, L.L.C.

Name 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:

ALFONSO GUILLERMO CASTILLO

Name of Person

ALURIA FINANCIAL, L.L.C.

Firm/Company

5225 W HALLANDALE BEACH BLVD

Address

WEST PARK, FL 33023

City/State and Zip Code

ALURIAFINANCIAL@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALFONSO GUILLERMO CASTILLO

at (305) 653-6878
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALURIA FINANCIAL, L.L.C.

(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 12/02/2021 and assigned Florida document number L21000510608.

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

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2024 MAY 24 PM 12:30
SECRETARY OF STATE

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	CASTILLO, ALFONSO GUILLERMO	5225 W HALLANDALE BEACH BLVD.	<input type="checkbox"/> Add
		WEST PARK, FL 33023	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	JULIANA, AGUILAR MEJA	5225 W HALLANDALE BEACH BLVD.	<input checked="" type="checkbox"/> Add
		WEST PARK, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[Lined area for amendments]

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 05/24, 2024

Alfonso Guillermo Castillo

Signature of a member or authorized representative of a member

ALFONSO GUILLERMO CASTILLO

Typed or printed name of signee