

L23000530521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

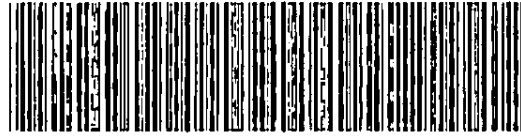
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RECEIVED
2023 DEC -6 PM 3:52
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2023 DEC -5 AM 10:00
CORPORATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AURORA'S VENTURES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORMAND A. ROCHA

Name of Person

UNIVERSAL LEGAL CENTER

Firm/Company

2525 PONCE DE LEON BLVD, STE 300

Address

CORAL GABLES, FL 33134

City/State and Zip Code

RAUL@RACAMPACPA.COM

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

For further information concerning this matter, please call:

RAUL A. DE LA CAMPA

305 431-7749

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**

AURORA'S VENTURES LLC

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

FILED
2023 DEC -5 AM 10:00

The Articles of Organization for this Limited Liability Company were filed on 11/28/2023

S.C.
T.A.
STATE
and assigned

Florida document number L23000530521

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AURORAS VENTURES LLC

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

New Registered Office Address: N/A

Enter Florida street address

N/A Florida N/A
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

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>
MBR	ALEXANDER D. MEJIAS	9241 SW 57TH TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33173	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	DAVID ALEXANDER MEJIAS	9241 SW 57TH TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

