Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000215971 3)))



H180002159713ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 : (305)552-5973 Phone Fax Number : (305)675-5944

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 **AURUS PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AURUS PARTNERS, LLC (Name of the Limite	d Liability Com A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Lie Florida document number L17000191715	ability Compar	ny were filed on 09/14/2017 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, <u>enter the new name of</u>	the limited lia	ability company here:
N/A		
The new name must be distinguishable and contain the w	ords "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	4928 SW 198TH TER
Principal office address MUST BE A STREE		
		SOUTH WEST RANCHES, FL 33332
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4928 SW 198TH TER
		SOUTH WEST RANCHES, FL 33332
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	or registered Yice address h	office address on our records, enter the name of the name:
New Registered Office Address:	N/A	Enter Florida street address
	N/A	Clty Florida Zip Code
New Registered Agent's Signature, if changing	Registered Age	

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>	Address	Type of Action
MGR	JEAN-MICHEL PORTE . 75%	4928 SW 198TH TER	Add
		SW RANCHES, FL 33332	□ Remove
			☐ Change
MGR	PETER BLOK 25%	4928 SW 198TH TER	
		SW RANCHES, FL 33332	☐ Remove
•			Change
			Add
			Remove
			Change
			Add
			☐ Change
			□ Add
			Remove
			Add
			Remove
			Change

JEAN-MICHEL PORTE

N/A				
N/A				
				291)
		<u> </u>	7.5	؛ نے
			7.7	~ ~ .
			3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	_
			<u> </u>	70 : 1
				ြယ္က 🦠
			- <u>5.15.</u> 34	
				
				
Tective date, if other than the	date of Ning: 07/19/2018		(optional)	·
Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloom to the control of the date inserted in this bloom to the control of the date inserted in this bloom to the control of the date in the control of t	t be specific and cannot be prior t	o date of filing or more than 9	0 days after filing.) . ments, this date w	ill not be lister
ote: If the date inserted in this blocument's effective date on the D		Anna Samenari seema 4		
e record specifies a delayed	d effective date, but not	t an effective time, at	: 12:01 a.m. c	n the earlie
The 90th day after the rec	ord is filed.			
eted		<u> </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$85.00