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(Requestor's Name)				
(Ac	idress)			
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(Ci	ty/State/Zip/Phone	; #)		
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(Do	cument Number)			
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2010 APR IL AM D. 37
SECRETARY OF STATE
TALLAHASSEE, FLORID

T. CLINE

APR 15 2010

EXAMINER

COVER LETTER

Division of Co			•		
SUBJECT: A	JRORG OFFI	LES LLC.			
Source .		nited Liability Company			
			•		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
			-		
	Rebecca	u C. Kelly			
	,	Name of Person	,		
	ALRON D	Name of Person Ffizes, LLC			
		Firm/Company	7	701 TAN	
	27.52	Augoro Pd		O AP	-1
		Aurora Rd Address		形	AL SPECIAL ST
	Melbur	ne FC 32935 City/State and Zip Code UFFICES 2752 Eg.	-	2010 APR 14 AM ID: 3	T
		City/State and Zip Code	• ,	E. C.	¥.,,
	E-mail address:	to be used for future annual report notificat	nail. Com	RATE 3	
For further information of	concerning this matter, please of	•	,	7	
Rebecca	Kelly	at (32/) Y32-60 Area Code & Daytime Te	611		
Name o	of Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check for t	he following amount:	·			
\$25.00 Filing Fee	☐ \$30.00 Filing F cc &	\$55.00 Filing Fee &	\$60.00 Filing Fo	cc .	
_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S	Status &	
		(-sectional copy to enclosed)		py is enclosed)	
		•	•		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aurora Offices, 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 Florida document number <u>LOSOOOO 415</u>	Company were filed on <u>Jan. 13, 2005</u> and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	mited liability company here:					
The new name must be distinguishable and end with the w "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2752 AURURU RES					
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: W. TOMASONE						
New Registered Office Address:	Clenn W. TOMASONE 1679 GARDEN AUC. Enter Florida street address Mc16ULRAC Florida 32934 City Zip Code					
	Melbourne Florida 32434					
New Registered Agent's Signature, if changing Register	•					

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 608, 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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title '	Name	Address	Type of Action			
MGR.	Thomas Culpepper	2010 Lakeside Ave. Melhourene Fe 32934	Add S. Remove			
MGR	Rebecca C. Kelly	123 Bonaire Dr. Panama City Beach FL 32413	Add Remove			
	· · · · · · · · · · · · · · · · · · ·		Add Remove			
,,			2010 Add PAGE TO THE TAIL TO T			
			SSE MAdd N			
<u>-</u> ,			Remove			
D. If an	nending any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	 v.)			
Dated	V Depurers to	ella				
	/ Rebecca Kelly	er or authorized representative of a member d or printed name of signee				
Page 2 of 2						

Filing Fee: \$25.00

I am familiar with the aspects and obligations of this position. RK