# L09000034595

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Andersen Financial Solutions, LLC

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:

### Eric Andersen

Name of Person

## Andersen Financial Solutions, LLC

Firm/Company

## 1122 Old Dixie Highway, Suite B-3

Address

Vero Beach, FL 32960

City/State and Zip Code

intheoffice123@gmail.com

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

For further information concerning this matter, please call:

Eric Andersen

Name of Person

Area Code & Daytime Telephone Number

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/COURIER ADDRESS:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Andersen Financial Solutio		
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liabili Florida document number L0900036595	ty Company were filed on April 16, 2009	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Aurora Capital Solutions, LLC		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
		- <del>5</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	201 - 1	
_	, 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 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 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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
	•		Remove		
			Add		
			Remove		
			And Taked		
			Remove		
			Remove		
			Add		
			Remove		
			Add		
			Remove		

If amending any other information, enter cl	hange(s) here: (Attach additional sheets, if ne	ecessary.)	
	-	• •	
November 26	2013		
rated 140 CITIBET 20, 2			
Signature of a me	ember or authorized representative of a member		_
Eric Andersen			
Т	yped or printed name of signee		=
	Page 3 of 3		
	Filing Fee: \$25.00		5 5 7 7
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		(m.c.)	_
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