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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : IZ0000000083 Phone

: (305)932-6262

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

Empi	٦.	Address:
- Бинал		ACCIL 633

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AUSAN, LLC

Certificate of Status	0
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## **COVER LETTER**

TO:	Registration Section
	Division of Corporation

SUBJECT: AUSAN, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

.,305、932-6262

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

AUSAN, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L10000097684	pany were filed on 0917/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
		<b>→</b> ₹4
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		NO AREA
(Principal office address MUST BE A STREET ADDRES	<u> </u>	3 887
		<b>2</b> 0 90
<i>,</i>		- 10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>ent</u> <u>here</u> :	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
TOTAL TOTAL CONTROL TO A CONTRO	Enter Florida street address	
	, 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	SERRA, AURELIO	101 SOUTH FT. LAUDERDALE BEACH BLVD	
		FORT LAUDERDALE, FL 33316	Remove
MGR	FERNANDEZ, SANDRA	101 SOUTH FT. LAUDERDALE BEACH BLVD.	
,		FORT LAUDERDALE, FL 33316	_BRemove S
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e date this document is filed by the Florida ated September 30	e pror to date of receipt or filed date and cannot be more than 90 (Department of State)  2016  Tature of a member or authorized representative of a member	(optional) days after

SECRETARY OF SIALE TALLAHASSEE FLORIO