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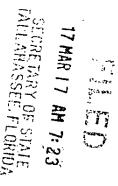
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Reg	istration Sec ision of Corp	tion orations		
SUBJECT:	AUBER HO	LDING LLC		
SUBJECT:		Name of Lim	ited Liability Company	iling. wing: c of Person Company ddress and Zip Code r future annual report notification) 305
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Asi Topaz		
			Name of Person	
		AT Management		
			Firm/Company	
		710 S Dixie Hwy #710A		
			Address	erson pany Zip Code re annual report notification) 467-8209 Code Daytime Telephone Number ing Fee &
		Hallandale FL, 33009		
			City/State and Zip Code	
		asi@atmanagementfl.com		
		E-mail address: (1	to be used for future annual report notifi	cation)
For further in	formation co	ncerning this matter, please ca	all:	
Asi Topaz			at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

AUBER HOLDING LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)
he Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
orida document number L12000040699		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
e new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "I	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		**************************************
		7
nter new mailing address, if applicable:		ASS ATT
<u>ailing address MAY BE A POST OFFICE BOX)</u>		m c
		The strength of the strength o
		25 %
If amending the registered agent and/or registered gistered agent and/or the new registered office address he	office address on our reco	rds, enter the name of the
essered agent and/or the new registered ornce address in	<u>:re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		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 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	KWACS DANIEL	710 SOUTH DIXIE HWY #710	
		HALLANDALE ,FL 33009	■ Remove
			Change
			□ Add
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			Change
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ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicablent's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to the statutory filing requirements, this date will not be	o 60 e lis
ecord specifies a delayed effective date, but not e 90th day after the record is filed.	an effective time, at 12:01 a.m. on the e	arli
d 03/07 , 2017)	
	(

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00