

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.

(((H14000058213)))



H140000058213ABCV

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

T

То:	Division of Co Fax Number	rporations : (850)617-6383	*RE-SUBMIT*
From:	Account Name	: C T CORPORATION	Signee mich officer the
	Account Number Phone		date of submission , / y /14

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

: (850)878-5368

Email Address:

Fax Number

ED 1: 39	ш¥	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AURORA WAREHOUSE, LLC	ALLAR		۰* ۱ ^{۹۴} ۰ ۲ ۴
	ky of state Ssee. Plorida	Certificate of Status 0	312 T CO 21 C 21 F	6	25 - 94 11 720 p. 1. 5 12 14 14 14 14 14 14 14 14 14 14 14 14 14
P E C	> a a	Certified Copy0Page Count05 6	· · · · ·)47¥ 1.94	
()		Estimated Charge \$25.00		ု့ က	17 - 50 Hz 19 10 - 19
14 JAN	PECRE TALLAH/		- A.	-	- 40
		onic Filing Menu Corporate Filing Menu Help	une It	N 1	U 2010
	Electr	onic Filing Menu Corporate Filing Menu Help	läre.		

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Aurora Warehouse, 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:

Joh	n P. Gonway, Esq.
	Name of Person
Ма	ddin, Hauser, et al.
	Firm/Company
284	400 Northwestern Hwy, 3rd Floo
	Address
So	uthfield, MI 48034
	City/State and Zip Code

tracie@uniprop.com

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

For further information concerning this matter, please call:

John P. Gonway, Esq.

Name of Person

at (248) 359-7509

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 (3/6)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aurora Warehouse, 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 Company were filed on <u>April 15, 2013</u> and assigned Florida document number <u>L13000054205</u>.

This amendment is submitted to amend the following:

1

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	the former in the second secon
· · ·	(0) / 0 0 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	

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:	<u>e</u>	<u> </u>
New Registered Office Address:	Rates Flo	rida street address
、	Shier L IV.	
	City	_, FloridaZip 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

Page 1 of 3

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

.

.

:

•

<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	Uniprop AM, LLC	280 Daines St., Ste. 300
		Birmingham, MI 48009
MGR	Container Warehouse Management, LLC	280 Daines St., Ste. 300
		Birmingham, MI 48009
	······································	Add
		Remove

		Remove

÷

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Management of the company is or will be vested in one or more managers. Dated January 8 2014 John P. Gonway, Authorized Agent Signature of a member or authorized representative of a member yped or printed name of signee Page 3 of 3 Filing Fee: \$25.00



(6/6)