L1400037062

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
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SECRETARY OF STATE:

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K. SALY NOV 14 2016

COVER LETTER

TO: Registration Se Division of Con			
KRAUS L. SUBJECT:	AURA, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LAURA KRAUS		
		Name of Person	
	KRAUS LAURA, LLC		
		Firm/Company	
	3042 SALLISBURY CT.		
	-	Address	
	MELBOURNE, FL 32940	•	
		City/State and Zip Code	
	Laura.Kraus@krausgroupin	itemational.com to be used for future annual rep	
		•	oort notification)
	concerning this matter, please co		(X)
LAURA KRAUS	on .	321 431-4 at () Area Code	
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	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

2016 NOV 10 PM 5: 02

CALLAHASSEE, FLORIS

KRAUS LAURA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(A Florida Limited)	Liability Company) .	CE, FLORIO	
The Articles of Organization for this Limited L	iability Company	were filed on March 5, 2014	and assigned	
Florida document number L14000037062				
This amendment is submitted to amend the foll	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:		
KRAUS GROUP INTERNATIONAL CONSULT	ING LLC			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREET ADDRESS)		No change		
-				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		No change		
			· 1807 1188 1	
B. If amending the registered agent and registered agent and/or the new registered o			nter the name of the n	
Name of New Registered Agent:	No change		 	
New Registered Office Address:	No change			
		Enter Florida street address	,	
	No change	, Florid	a	
		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

LE

· If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added FILED

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA or removed from our records: MGR = Manager AMBR = Authorized Member Address <u>Title</u> Name **Type of Action** □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change



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f an ef Note:	December 1, 2016 at 12:01 a.m. EST (optional) fective date, if other than the date of filing: December 1, 2016 at 12:01 a.m. EST (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	7 NOVEMBER , 2016 .)/
Dated	
Dated	Signature of a member or authorized representative of a member
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00