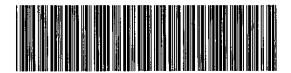
L15000059391

(Re	questor's Name)	_
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T. BROWN

COVER LETTER

	egistration Secivision of Cor		i i i	• •	r [']
CIID IE <i>C</i> W	Auratech Ll	LC		4	.
SUBJECĄ	·	Name of Limited Liability Company			······································
The enclos	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Rafael Karkason			
			Name of Person		
		Auratech LLC			
			Firm/Company		
		7401 Wiles Road			
			Address	 	
		Coral Springs 33067			
		karkason@fibrco.com	City/State and Zip Code		
		E-mail address: (to be used for future annual	report notification	n)
For further	information co	oncerning this matter, please ca	all:		
Rafael Ka	rkason		954 644 at ()	12421	
	Name of	Person	Area Code	Daytime Telep	hone Number
Enclosed is	s a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$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

TO ARTICLES OF ORGANIZATION **OF**

Auratech, LLC

Allano PHE (Name of the Limited Liability Company as it now appears on our recor

(A Flor	da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L15000059391	Company were filed on 3rd April 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	nited liability company here:
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	istered office address on our records, enter the name of the nodress here:
Name of New Registered Agent:	
New Registered Office Address:	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

or removed from our records:

MGR = Manager

	•	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	DAHLIA KARKASON	6672 CANARY PALM CIR BOCA Raton, FL	= Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			Remove
			Change
			□ Add
			Remove
			_□ Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			_ Change

•	
	• •
	,
(If an et Note:	tive date, if other than the date of filing:
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	5/18/2015
	Signature of a member or authorized representative of a member
	ARGE KARNA SON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00