L15000104771

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PICK-UP	☐ WAIT	MAIL.
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2016 MAY 16 PM 1: 21

K.SALY EXAMINER MAY 17

COVER LETTER

`Divi	ision of Corpo	rations		
SUBJECT:	AURELLE LO	OCKSMITH LLC		
		Name of Limit	ed Liability Company	
The enclosed	Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	ence concerning this matter to	o the following:	·
		PATINO ESTRADA, ALE	XAURA D	
			Name of Person	
		AURELLE LOCKSMITH	LLC	
			Firm/Company	
		2775 NE 188 ST UNIT 5		
			Address	
		AVENTURA FL 33180		
			City/State and Zip Code	
		alexaura@aurellegroup.com		
		E-mail address: (to	be used for future annual report notifi	cation)
For further in	iformation con	cerning this matter, please ca	II:	
AURELLE 1	LOCKSMITH	LLC	786 724-7333	
	Name of P	erson		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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 MAY 16 PM 1:21

AURELLE LOCKSMITH 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 06/16/2015 Florida document number _L15000104771 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) 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: New Registered Office Address: Enter Florida street address

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.

City

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 = AMBR =	Manager Authorized Member	FIL	PM 1: Type of Action
<u>Title</u>	Name	Address 2016 MAY 16	PM 1: Type of Action
MGR	PATINO ESTRADA, ALEXAURA	Address 2775 NE 188 ST UNIT 5 TALLAHASSEL	OF STATE Add
		AVENTURA FL 33180	■ Remove
			Change
AMBR	AVILA FUENMAYOR, CRISTIA:	2775 NE 188 ST UNIT 5	Add
		AVENTURA FL 33180	■ Remove
			☐ Change
MGR	DE JESUS PATINO, ALEXANDE	2775 NE 188 ST UNIT 5	Add
		AVENTURA FL 33180	Remove
			Change
MGR	PALACIO DEL PELUQUERO CA	AVE 14 CC SAN FELIPE II	
		MARACAIBO ZULIA, VENEZUI	■ Remove
			☐ Change
MGR	LUISA ELENA SILVA	2775 NE 188 ST UNIT 5	□ Add
		AVENTURA FL 33180	Remove
			■ Change
	LUISA ELENA SILVA		Add
			□ Remove
			☐ Change

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(If an effe Note: I	ve date, if other the ctive date is listed, the case inserted in ent's effective date on	late must be specific this block does no	and cannot be prior to t meet the applica	to date of filing or mor	(option re than 90 days after fi requirements, this d	a l) ling.) Pursuant to 605.0207 (ate will not be listed as t
	ord specifies a do 90th day after th			an effective ti	me, at 12:01 a.ı	m. on the earlier of:
Dated _	May 04	G	2016 Ux ace 4	 G, P		
		Signature o		rized representative of	f a member	

Page 3 of 3

Filing Fee: \$25.00