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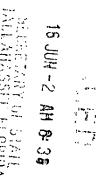
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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	





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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) iy)
The Articles of Organization for this Limited Liability Company were filed on Clorida document number	06/16/2015 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company	<u>y here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	ے جہ ا
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	Siz 2
Enter new mailing address, if applicable:	
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B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	<u></u> >
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street address
	, Florida

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

COVER LETTER

Div	ision of Corp	orations				
SUBJECT:	AURELLE LOCKSMITH LLC					
		Name of Limi	ted Liability Company			
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please return	all correspond	dence concerning this matter t	to 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	<u> </u>		
		alexaura@aureilegroup.com		10		
			o be used for future annual repor	inotification)		
For further in	formation cor	ncerning this matter, please ca	11:			
AURELLE LOCKSMITH LLC			786 724-733 at ()	13		
	Name of I	Person	Area Code Da	sytime 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: • Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>	<u>Address</u>	Type of Action
AMBR	PATINO ESTRADA, ALEXAURA	2775 NE 188 ST UNIT 5	■ 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	III Add
		AVENTURA FL 33180	□ Remove
			Change
MGR	PALACIO DEL PELUQUERO CA	AVE 14 CC SAN FELIPE II	■ Add
		MARACAIBO ZULIA, VENEZUI	☐ Remove
			Change
MGR	LUISA SILVA	2775 NE 188 ST UNIT 5	
		AVENTURA FL 33180	■ Remove
		 	Change
	LUISA SILVA		□ Add
			■ Remove
			Change

								
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an effective date is listed, the date must ote: If the date inserted in this bl	st be specific and	d cannot be pri	or to date of fili	ng or more than	O days after	filing.) Pur	suant to	605.02
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00