# L15000104771

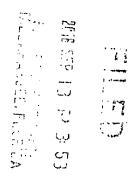
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# **COVER LETTER**

TO:	Registration Se Division of Cor	ection porations		
SUBJE		LOCKSMITH LLC		•
SUBJE	CI:	Name of Lin	nited Liability Company	<del></del>
The enci	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		PATINO ESTRADA, AL	EXAURA D	
		·—·	Name of Person	
		AURELLE LOCKSMITH	ILLC	
			Firm/Company	
		2775 NE 188 ST UNIT 5		
			Address	<del></del>
		AVENTURA FL 33180		F. 100 Page
			City/State and Zip Code	
		alexaura@aurellegroup.com		
		E-mail address: (	to be used for future annual report notification)	
For furth	er information co	oncerning this matter, please c	all:	
AUREL	LE LOCKSMIT	H LLC	786 724-7333 at ()	i i i i i i i i i i i i i i i i i i i
	Name of	Person	at ()	umber 🛬 👊
Enclosed	l is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Copy is enclosed)	.00 Filing Fee, rtificate of Status & rtified Copy titional 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

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 and assigned 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 Florida

### 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

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	12684 SW 8 TH ST	■ Add
		Miami, FL 33184	□ Remove
			☐ Change
MGR	ALEXANDER PATINO	12684 SW 8 TH ST	<b>⊒</b> Add
		Miami, FL 33184	□ Remove
			☐ Change
MGR	MARIA EUGENIA JIMENEZ	12684 SW 8 TH ST	■ Add
		Miami, FL 33184	Rèmove
			☐ Change
MGR	PALACIO DEL PELUQUERO CA	AVE 14 CC SAN FELIPE II	■ Add
		MARACAIBO ZULIA, VENEZUI	©n □ Remove
		· <del>-</del>	Change
MGR	LUISA ELENA SILVA	12684 SW 8 TH ST	□ Add
		Miami, FL 33184	■ Remove
			□ Change
	LUISA ELENA SILVA		
			■ Remove
			Change

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cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective the 90th day after the record is filed.	e time, at 12:01	La.m. on th	ne earlier
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Page 3 of 3

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