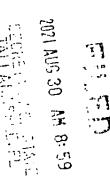
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(Requestor's Name)			
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Special Instructions to Filir	ng Officer:		
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D RRUCE SEP 10 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Magno in Aurola Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
May Schape Scot Jane Talahas Scc F 32303 City/State and Zip Code + migrel ne an of mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: The further information concerning this matter, please call:
Enclosed is a check for the following amount:
Signature Signat

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

0	F			
Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number 150012140.	were filed on $\frac{7/15/2015}{}$ and assigned			
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 Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1903 Sunset lane			
(Principal office address MUST BE A STREET ADDRESS)	Tallahassee F/			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1903 Sunset lane Tallahassee Fl 32303			
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: 190	SUNSCH JAMES Enter Florida street address 217			
Jallan	City, Florida Of Sin Child			

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 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>	Address	Type of Action
AMBR Victoria	1- Jake Greene	1903 Sunset Lane	lCAdd
		1903 Sunset Lane TallahasseeF1 32303	□Remove
		32303	□Change
	***		🗀 Add
			Пстюче
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			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an effective 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

Filing Fee: \$25.00