

L16000069336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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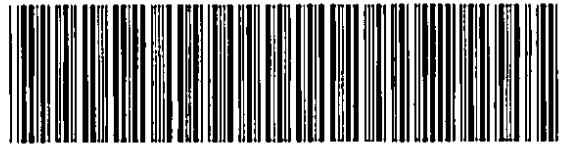
(Business Entity Name)

(Document Number)

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2021 JUN 18 AM 3:02  
CLERK OF SUPERIOR COURT  
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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: AURORA INVESTMENTS GROUP

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:

LUIS J PEREZ

Name of Person

AURORA INVESTMENTS GROUP

Firm/Company

3620 CEITUS PKWY

Address

CAPE CORAL, FL 33991

City/State and Zip Code

LPEREZ@LENFS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS J PEREZ

239 677-0609  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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

**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  
OF**

AURORA INVESTMENTS GROUP

(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 04/07/2016 and assigned  
Florida document number 1.16000069336.

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 \_\_\_\_\_  
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

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>	<u>Type of Action</u>
MGR	PEDRO G SANCHEZ	482 HOBART AVE	<input checked="" type="checkbox"/> Add
		HALEDON, NJ 07508	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS MARIA SANCHEZ	482 HOBART AVE	<input checked="" type="checkbox"/> Add
		HALEDON, NJ 07508	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NATHANAEL PEREZ	3620 CEITUS PKWY	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 01-18-2021 BY 60321 JAH/18  
AM 3:02 PM '18

2021 JUL 18 AM 3:02  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 07-18-2021 BY 60322  
UCBAW/STP/STP

2021 JUN 18 AM 3:02  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

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.

Dated June 10 2021

LUIS J PEREZ

Typed or printed name of signee

**Filing Fee: \$25.00**