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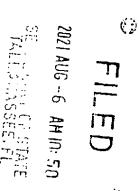
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COYER LETTER

Division of C	Corporations		
SUBJECT:	AURA EVENTS Name of Lin	LLC nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	AURA	GERSTHANN	
		Name of Person	
		Firm/Company	
	6964 SE	CRICKET CT Address	
	<u> 5/UARI</u>	City/State and Zip Code	
	<u> </u>	FL 3499 F City/State and Zip Code SI @ YA/160 - Co 7 (to be used for future annual report notif	
For further information	n concerning this matter, please of		ication)
	to to the state of		1 1 1
Nam	e of Person	at (561) 213 Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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 Add	ress:	Street Address:	

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

TO:

Registration Section

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

AURA EVENIS						
(Name of the Limited Lia (A Flo	bility Company orida Limited Liab	as it now ap oility Compa	pears on our i	records.)		
The Articles of Organization for this Limited Liabilit	ty Company we	ere filed on	SEPĪ	14,201	<u>6</u> and a	ssigned
This amendment is submitted to amend the following	g :					
A. If amending name, enter the new name of the			y here:			
The 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:	•			CRic L 3		
(Principal office address MUST BE A STREET AD	ODRESS)	STUAN	IT F	<u> </u>	<u>,4997</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 1 -	AS	ABO	SË	2021 AUG	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office add <u>re</u> :	ress on ou	ır records, g	enter the nai	me of the ne	ew registered
Name of New Registered Agent:	AURA	<u> </u>	ERSTOTA	المراس	S 12.	D
New Registered Office Address:	40RA 6964	ŜĒ	Chicke	7 0	7 5	
		13.70		address _, Florida _		
No. But a late of the same and		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>	Address	Type of Action
MGR	AURA GENSTHANN	6964 St CRIPAGE CT STURMS FL 34997	
		STUANT FL 3499+	□ Remove
			(Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change
 -			□ Add
			□Remove
			Change
			□ Add
			□ Remove
			□Change

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