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(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Cor			
	AUISGOLI	DEN LLC		
SUBJE	CCT:		ited Liability Company	
		Amendment and fee(s) are sub-	_	
riouse		ANJALI UDHWANI	g	
			Name of Person	
		AUISGOLDEN LLC		
			Firm/Company	
		2666 TIGERTEIL AVE AP	T 115	
			Address	-
		MIAMI, FL 33133		
		KHAAZANAJEWELERS@	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
ANJA	LI UDHWANI		813 7741440	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2:	5.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUISGOLDEN LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L16000175857	mpany were filed on SEPTEMBER 20, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limited	ed 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:	PEC 2 AHAS
Mailing address MAY BE A POST OFFICE BOX)	7
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addresses.	ered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
<del></del>	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>	Type of Action
MGR	ANJALI UDHWANI	2666 Tigertail Ave Apt 115	<b>=</b> Add
-		Miami, FL 33133	☐ Remove
			☐ Change
			Add
		<del></del>	Remove
			□ Change
			□ Remove
			Change
			□ Add
			☐ Remove
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an effective date is listed,	r than the date of filing the date must be specific ar	nd cannot be prior to	date of filing or more	(option than 90 days after fi	ling.) Pursuant	to 605.02
ocument's effective date	d in this block does not te on the Department of	State's records.	le statutory filing re	quirements, this o	iate will not t	oe listed
e record specifies a The 90th day afte	a delayed effective r the record is filed	date, but not a	an effective tim	e, at 12:01 a.	m. on the	earlier
ated		.,				
			/ 2	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00