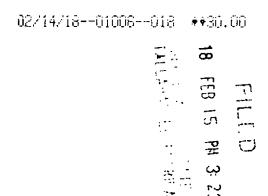
## L/6000193950

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document i	Number)
Certified Copies Ce	rtificates of Status
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J. LEGGETT FEB 1 6 2018

## **AURUM INFUSIONS LLC**

PO BOX 855858
-Miami, FL 35285
www.auruminfusions.com
auruminfusions@gmail.com
925-771-9905



To Whom This May Concern,

I, Sarah Finley am the owner and authorized member for Culinary Tours LLC Florida document number-L16000193950. As on January 1, 2018, <u>Culinary Tours LLC</u> has amended the name to Aurum Infusions <u>LLC</u>. This is due to new business strategies including filing for both state and national license and permits.

Aurum Infusions LLC is a small family owned and operated business in Miami, Florida. For the past year, we have been creating organic, non-GMO, gluten-free, vegan and paleo-friendly specialty food products and baked goods. We work with the men and women of small family owned farms throughout South Florida, knowing our ingredients are fresh and locally sourced. Maintaining our goal of freshness allows our foods to stay natural with no unnatural food additives, dyes, or preservatives.

We stand out by working with local farmers that provide fresh produce we use in all our products. Our mission is to support the local farming community and give back to them what the Earth gives to us. All our recipes are made from scratch providing the highest quality to our buyers online, farmers markets, retail and wholesale.

**PRINCIPAL ADDRESS** 

1428 E Atlantic Blvd Pompano Beach, Florida 33060 MAILING ADDRESS PO BOX 835853

RECEIVED

FEB 1 2 2018

MIAMI, FL 33283

Contact Name/Title: Sarah Finley/Owner Contact Telephone: 925-771-9905

Email Address: AurumInfusions@gmail.com

Mailing Address: PO BOX 835853, MIAMI, FL 33283

I have included Articles of Amendment and a check for \$30 Filing Fee & Certificate of Status.

Sarah Finley

Owner

Regards

Aurum Infusions LLC 925-771—9905

auruminfusions@gmail.com

t

## **COVER LETTER**

SUBJECT:	Aurum Infu	sions replacing Culinary Tours	3	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Sarah Finley		
			Name of Person	
		Culinary Tour LLC - Auru	m Infusions LLC	
			Firm/Company	<del></del>
		PO BOX 835853		
			Address	
		Miami, Florida 33283		
			City/State and Zip Code	
		auruminfusions@gmail.com		
		E-mail address: (	to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca	all:	
Sarah Finley			925 771-9905 at ( )	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section
Division of Corporations

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

Culinary Tours, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000193950	were filed on October 18, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Aurum Infusions LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1428 E Atlantic Blvd	<u>₹</u> 9. <b>2</b>
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, Florida 33060	T. T1
* * * * * * * * * * * * * * * * * * * *		
Enter new mailing address, if applicable:	PO BOX 835853	7 7 O
	MIAMI, FL 33283	
(Mailing address MAY BE A POST OFFICE BOX)		<del>≥</del> _ ω
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:		nter the name of the ne
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
New Registered Office Address:	, Florid	<b>a</b> Zip Code
	, Florid	

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
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
	<del></del>		Add
			□ Remove
			☐ Change
	<del> </del>	<del></del>	□ Add
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		<del>.</del>	Add
			□ Remove
			Change

that utilizes locally grown fruits, vegetables and herbs for its products. Creat	ring organic, non-GMO,	
gluten-free, vegan and paleo-friendly products is our goal as we work with the men and women of small family		
owned farms throughout South Florida.		
We stand out by working with local farmers that provide fresh produce we us	se in all our products.	
Our mission is to support the local farming community and give back to then	m what the Earth gives to us.	
Maintaining our goal of freshness allows our foods to stay natural with no ur	nnatural food additives, dyes	
or synthetic chemicals.		
All our recipes are made from scratch providing the highest quality to our bu	uyers online, farmers markets,	
retail and wholesale.		
<del></del>		
	: ]= 6	
	7. 60	
	<u> </u>	
fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or moote: If the date inserted in this block does not meet the applicable statutory filing occument's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605.020	
e record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier o	
ated <u>Functing</u> 18 2018.		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00