## 117000000324

(Requestor's Name)
(requestors marrie)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



400373196844

05/21/21--01017--021 \*\*29.00

2021 SEP 21 AM 9: 58

5 500 751

## **COVER LETTER**

SUBJECT: AURAM	1BAR INVERSION Name of Lim	IS LLC ited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	12252 Su 131	Name of Person  Firm/Company  AVE  Address			
	MIAMI, F	City/State and Zip Code		2021 SEP 2 SECRITY TALLE	
	E-mail address: (	BMail - Com to be used for future annual report noti	fication)	: <u></u>	: .,
For further information co	oncerning this matter, please ca	all:		₹	
NELSON FRAN	UCISCO ANNAREZ PAN Person	LIND at (454) 348 - Area Code Daytim	0678 e Telephone Number	<u>τ</u>	
Enclosed is a check for th	e following amount:				
2 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee &     Certified Copy     cadditional copy is enclosed)	Certified C	of Status &	

TO:

Registration Section Division of Corporations

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

AURAMBAR INVERSIONS L.L.C
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

37 C F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	months of company			
The Articles of Organization for this Limited Liability Company we Florida document number $\underline{L110000003344}$ .	vere filed on1	ə1301 <i>ə</i> 016	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here	:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the desi	gnation "ELC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applicable:				<u>.</u>
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			2021 SE	مُ شَرَّ مِـ
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our rec	ords, <u>enter the na</u>	ome of the new	registered
Name of New Registered Agent:		<u> </u>	1 7 7 7 8	J
New Registered Office Address:	Enter Floride	i street address		
	Ciţ	, Florida _	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 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>	Name	<u>Address</u>	Type of Action
MGR	Nelson Francisco Alvarez	12252 SW 131 AVE	[1/Add
		Miami, FL 30186	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			[]Add
			Remove  CEC Phange  All My GRemove
			Could be a second of the secon
			Remore
			r' & □Change
			🗆 Add
			ElRemove
			□Change
		<del></del>	□Add
			□Remove
			~ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ō E. Effective date, if other than the date of filing: (optional) (o Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not the 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