

L17000064875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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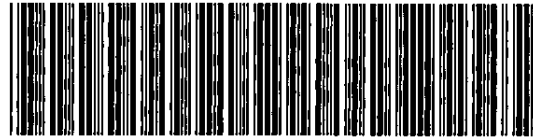
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANERBAJRAM LLC
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:

Laurie FUNDORA
Name of Person
AURA Group Inc
Firm/Company
2500 N. Military Trail #385
Address
Boca Raton Florida 33431
City/State and Zip Code
Lfundora @ aura group.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Laurie FUNDORA at (561) 347-8585
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANERBAJRAM LLC

(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 03/21/2017 and assigned
Florida document number L17000064875

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 "LLC."

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)

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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:

LAURIE FUNDORA

New Registered Office Address:

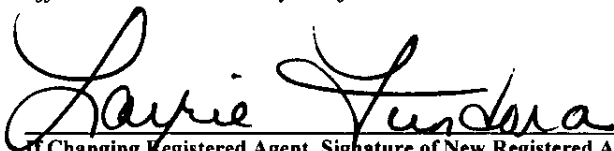
Enter Florida street address

City, **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 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>
AMBR	MARTIN F. GREENBERG		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AURA GROUP INC		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRETT GREENBERG		<input type="checkbox"/> Add
			<input checked="" 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17

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E. Effective date, if other than the date of filing: 4-07-2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

04-07-2017

Laurie Tondra Registered Agent
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

LAURIE FUNDOBA

Typed or printed name of signee

Florida Department of State

DIVISION OF CORPORATIONS

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Florida Limited Liability Company

ANERBAJRAM LLC

Filing Information**Document Number** L17000064875**FEI/EIN Number** NONE**Date Filed** 03/21/2017**Effective Date** 03/20/2017**State** FL**Status** ACTIVE**Principal Address**

2500 N MILITARY TRAIL

305

BOCA RATON, FL 33431

Mailing Address

2500 N MILITARY TRAIL

305

BOCA RATON, FL 33431

Registered Agent Name & Address

FUNDORA, LAURIE

2500 N MILITARY TRAIL

305

BOCA RATON, FL 33431

Authorized Person(s) Detail**Name & Address**

Title MGR

AURA GROUP INC

2500 N MILITARY TRAIL SUITE 305

BOCA RATON, FL 33431

Title AMBR

GREENBERG, MARTIN F

2500 N MILITARY TRAIL SUITE 305

BOCA RATON, FL 33431

Title AMBR

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GREENBERG, BRETT
2500 N MILITARY TRAIL SUITE 305
BOCA RATON, FL 33431-0

Annual Reports

No Annual Reports Filed

Document Images

03/21/2017 -- Florida Limited Liability

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