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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

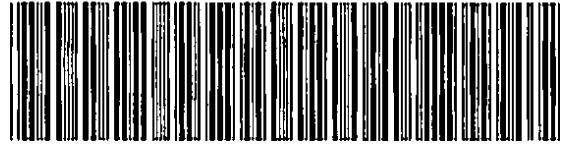
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TALL PINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AURUM MULTICORP, 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:

Name of Person

The A.A.R. Trust

Firm/Company

7512 Dr Phillips Boulevard, Suite 50-507

Address

Orlando, FL 32819

City/State and Zip Code

jwirth@kwonwirthlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Wirth

407

930-5050

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

~~SECRET (BY STATE
r records.)~~

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>
MGR	THE JARGLG TRUST	7512 DR PHILLIPS BOULEVARD	<input type="checkbox"/> Add
		SUITE 50-507	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
MGR	The A.A.R. Trust	7512 DR PHILLIPS BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 50-507	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Effective date, if other than the date of filing: _____ (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 (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.)

Dated December 10 2021

[Signature] Sig

Signature of a member or authorized representative of a member

Joseph Wirth

Typed or printed name of signee