## 119000155025

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration S Division of Co			
	sulting, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	-	
	Pamela DeLayo		
		Name of Person	
	Aura Consulting, LLC.		
		Firm/Company	
3673 Kings Rd #104			
		Address	
	Palm Harbor, FL 34685		
		City/State and Zip Code	
	pdelayo@consulting-llc.cor	n	
		to be used for future annual report no	tification)
For further information	concerning this matter, please of	all:	
Pamela DeLayo		813 514-3190	
Name	of Person	at ()	ne 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 of Certified Copy (additional copy is enclose
Mailing Addre		Street Address:	uution
Registration Division of 0	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aura Consutting, LLC.		
(Name of the Limited Liability Compa (A Fforida Limited I	ny as it now appears on our record liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 1.19000155025	were filed on $\frac{06/11/2019}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Aura Consulting, LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC	
Enter new principal offices address, if applicable:	3673 Kings Rd	
(Principal office address MUST BE A STREET ADDRESS)	#104	
	Palm Harbor, FL 34685	
		ED PR 2:
Enter new mailing address, if applicable:		<u>できる。</u> 毎年 <b>ム</b>
Mailing address MAY BE A POST OFFICE BOX)		— <del>(1)</del> : <u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address op our records, <u>enter</u>	the name of the new register
New Registered Office Address:	Enter Forida street addre	35
	F	lorida
New Registered Agent's Signature, if changing Registered Agents		·
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I fu performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is
If Cha:	nging 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>		Address		Type of Action
					□Add
					□Remove
					□Change
					□Add
				SECRE.	□Remove 
				Casher FLORI	Add
				<u>夏</u> (D)	<b>ω</b> □Change
	<u> </u>			<del></del>	□Add
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fective date, if other than the n effective date is listed, the date must	t be specific and cannot be prior to	o date of filing or more	(optional) than 90 days after filing.)	Pursuant to 605.020
ote: If the date inserted in this blu cument's effective date on the De	ock does not meet the applica partment of State's records.	ble statutory fifing r	equirements, this date v	vill not be listed a
record specifies a delayed The 90th day after the reco		an effective tim	ie, at 12:01 a.m. o	on the earlier o
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December 4		<u> </u>		
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