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(Requestor's Name) (Address) (Address)	300333646933
(City/State/Zip/Phone #)	08/23/18-−61003023 *+23.00
Certified Copies Certificates of Status	2019 AUG 23 PH I2: 08 Sélectro Philip Taluanasse: Fl
Office Use Only	

COVER LETTER

TO: **Registration Section Division of Corporations**

AURS of Florida, LLC Name of Limited Liability Company SUBJECT: _

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Kennech, & KoploFt at (954) 261-8365 Name of Person Area Code Davime Telephone Number

Enclosed is a check for the following amount:

Z \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Conv (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	
ТО	
ARTICLES OF ORGANIZATION	
OF	
ADRS OF FLORIDA, LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	120 / 2019 and any install
The Articles of Organization for this Limited Liability Company were field on	and assigned
Florida document number <u>L19000 192639</u>	
1999 - Constant and the second s	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
	with O'' as the althousing on the C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designatio	
Enter new principal offices address, if applicable:	
	2019 AUG
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	PH
Enter new mailing address, if applicable:	
-	-: Q
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>

B. If amending the registered agent and/or registered office address on our records. <u>enter the name of the</u> registered agent and/or the new registered office address here:

		Florida
New Registered Office Address:	Enter Florida street o	uidress
Name of New Registered Agent:		

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 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 at or removed from our records:

MGR = Manager AMBR = Authorized Member

•

Title	Name	Address	Type of Action
MGA	Kenneth R Kolloff	5645 Goral Ridge Drive Cord Spings Fe 33076	#468 27.dd
			Remove
		<u></u>	Change
			🖸 Add
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			🗆 Remove
			🖸 Change

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

,	
· · · · · · · · · · · · · · · · · · ·	

E. Effective date, if other than the date of filing: __________(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) 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.

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.

Dated	8/20	2019	
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	KA	Augnature of a member or authorized representative of a member	
		J D IC IL EF	
	Lune	the R JGP (oFF Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00