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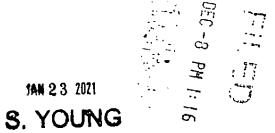
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COVER LETTER

TO:				4
SURJE	G.E.M. &	DESIGN LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
	BJECT: G.E.M. & DESIGN LLC			
	Division of Corporations G.E.M. & DESIGN LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filling. lease return all correspondence concerning this matter to the following: JACQUELINE M.ROSADO Name of Person			
		Address MIAMI FL 33138 City/State and Zip Code JACQUI@TAXHOUSE MIAMI_COM E-mail address: to be used for future annual report notification) Information concerning this matter, please call: Street Address: Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section Rame of Corporations Name of Person TAX HOUSE MIAMI_INC Firm/Company 301 NE 79TH STREET #2 Address MIAMI_FL 33138 City/State and Zip Code JACQUI@TAXHOUSEMIAMI_COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: INE M ROSADO Name of Person TAS 6 615-2009 X 109 Daytime Telephone Number Street Address: Certificate of Status & Certificate Copy (additional copy is enclosed) Street Address: Registration Section		
			Firm/Company	
		301 NE 7	9TH STREET #2	
		-	are submitted for filing. are submitted for filing. are matter to the following: CQUELINE M ROSADO Name of Person AX HOUSE MIAMI INC Firm/Company II NE 79TH STREET #2 Address HAMI FL 33138 City/State and Zip Code @TAXHOUSEMIAMI.COM ddress: (to be used for future annual report notification) please call: at (\frac{786}{Area Code}) \frac{615-2009 \times 109}{Daytime Telephone Number} at Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations	
		MIAMI	FL 33138	
	Address MIAMI FL 33138 City/State and Zip Code JACQUI@TAXHOUSEMIAMI.COM			
		-		natification
For furth	her information co			
JACQU	ELINE M ROSA	DO		X 109
	Name of	Person	Area Code Day	rtime Telephone Number
Enclosed	d is a check for th	e following amount:		
■ \$2 5	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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Bivision of Corporations SUBJECT: G.E.M. & DESIGN LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: JACQUELINE M ROSADO Name of Person TAX HOUSE MIAMI INC Firm/Company 301 NE 79TH STREET #2 Address MIAMI FL 33138 City/State and Zip Code JACQUELINE M ROSADO E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JACQUELINE M ROSADO Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Registration Section				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number 1.19000244077 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AURA REALTY LLC 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) Miami FL 33131 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Miami FL 33131 B. If amending the registered agent and/or registered office address on our records enter the name of		DESIGN LLC		~-J
Florida document number L19000244077 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AURA REALTY LLC 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] B. If amending the registered agent and/or registered office address on our records, enter the name of the new register and/or the new registered office address here: Name of New Registered Agent: Tax House Miami Inc.	(Name of the Li	mited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	1000
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(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: Tax House Miami Inc. New Registered Office Address: 301 NE 79th Street #2	Enter new principal offices address, if appl	licable:	201 S Biscayne Blvd 28th Fl	
(Mailing address MAY BE A POST OFFICE BOX) Miami FL 33131 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address: 301 NE 79th Street #2	(Principal office address MUST BE A STRE	ET ADDRESS)		
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: New Registered Office Address: 301 NE 79th Street #2	Enter new mailing address, if applicable:		201 S Biscayne Blyd 28th Fl	
Name of New Registered Agent: New Registered Office Address: 7 ax House Miami Inc. 301 NE 79th Street #2	(Mailing address MAY BE A POST OFFICE	E BOX)	Miami FL 33131	
New Registered Office Address: 301 NE 79th Street #2	agent and/or the new registered office addr.	ess nere:		ame of the new registered
	Name of New Registered Agent:	Tax House Mian	mi Inc.	
Enter Florida street address	New Registered Office Address:	301 NE 79th Str		
			Enter Florida street address	
Miami, Florida 33125		Miami	. Florida	33125
City Zip Code		-	City	

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.

f 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>	Name	Address	Type of Action
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Dated December		2020				
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Typed or printed name of signee