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Office Use Only



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COVER LETTER . .

Division of Corp. Aurah, L.L.C			
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Encida M. Aguilera Perez		
		Name of Person	
		Firm/Company	
	15325 SW 73RD TERRAC	CE CIRCLE APT-8	
		Address	
	MIAMI, FL 33193		
		City/State and Zip Code	
	ene.aguilera.perez@gmail.c E-mail address: (om to be used for future annual report notific	cation)
For further information cor	neerning this matter, please ca	all:	
Eneida Aguilera		786 805-9643 at ()	
Name of I	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:	i.	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pility Company as it now appears on our recorda Limited Liability Company)	ords.)	
/ Company were filed on 06/12/2020	and assigned	
_ -		
:		
mited liability company herc:		
Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."	
		
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	5.6 5.6	
red office address on our records, <u>ent</u> <u>e</u> :	er the name of the new regist	
Enter Florida street ada	dress	
City	Florida Zip Code	
	mited liability company here: Limited Liability Company," the designation "L DRESS) red office address on our records, enter Florida street address.	

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>	Type of Action
MGR	Encida M. Aguilera Perez	15325 SW 73RD TERRACE CIRCLE,APT-8	= Add
			🗆 Remove
			□Change
			□ Add
			□Remove
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		-	□ Remove
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	55 SSE SSE
	9: 56 E. FL
E. 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 a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	ptional) after filing.) Pursuant to 605.0207 (3)(t this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.	(b) The 90th day after the
Dated September 11th , 2020 .	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00