L20000ZZ6255

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(City/State/Zip/Phone #)
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(Document Number)
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OCT 0 3 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	NEW	' AURORE LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	 	Name of Person		
		Firm/Company		
		, .		
		Address		
		City/State and Zip Code		
	E-mail address: (to be used for future annual repo	rt notification)	
For further information co	oncerning this matter, please ea	all:		
Name of	Person	at () Area Code D	Daytime Telephor	ie Number
Enclosed is a check for th	e 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

2020 AUG 17 AM 9: 15

If Changing Registered Agent, Signature of New Registered Agent

(<u>Name of the Limited I</u> (Å	Liability Company as it now appears on Florida Limited Liability Company)	nur records.)	
The Articles of Organization for this Limited Liabi	ility Company were filed on	and assigned	
Florida document number	•	und assigned	
This amendment is submitted to amend the following			
A. If amending name, enter the new name of th	ne limited liability company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or regi agent and/or the new registered office address h		rds, enter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-		, Florida Zip Code	
New Registered Agent's Signature, if changing Reg	•	ειρ Couc	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register	igent and agree to act in this cape and complete performance of my red agent as provided for in Chap	duties, and I am familiar with and	

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

2020 AUG 17 AH 9: 15

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WILFRID LINDOR	7394 PINEDALE DR	
		BOYNTON BEACH, FL 33436	Remove
			□Change
			🗀 Add
			□Remove
		.	□ Change
			□Add
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			□ Add
			□Remove
			□ Change

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 (Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated AUGUST 12 2020 AUGUST 12 2020 AUGUST 12 2020 August 12 2020 August 13 1 2020 August 14 2020 August 15 2020 August 16 2020 August 17 2020 August 18 2020			2320 AUF 17 Ai	9: 15
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Signature of a in-more or authorized representative of a member	Dated	AUGUST 12 2020		
Signature of a ibember or authorized representative of a member	É.	Lucianie 1		
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Filing Fee: \$25.00