LZ0 000 244126

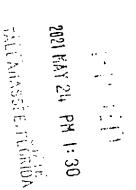
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200366905252

05/24/21 + 61022 + 014 + 8*25.00



COVER LETTER

Registration Section

TO:

Division of Cor	porations		
Augury,LL	C		
SUBJECT:	Name of Lim	ited Liability Company	
The analysed Arrister of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	indence concerning this matter	to the following:	
	L. Michael Osman		
		Name of Person	
	L. Michael Osman,P.A.		
		Firm/Company	·
	1474-A West 84 Street		
		Address	
	Hialeah,FL, 33014-3363		
		City/State and Zip Code	
	lmo1474@aol.com		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
L. Michael Osman		305 823-1401	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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)
		(S)	
Mailing Addres Registration		<u>Street Address:</u> Registration Sc	ection
Division of C	lorporations	Division of Co	rporations
P.O. Box 632		The Centre of 2415 N. Monre	Fallahassee be Street, Suite 810
Tallahassee,	EL 04014	Z413 IN. MONTO	ic succe, suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Augury, LLC (Name of the Limited Liability Com	npany as it now appears on our recorded Liability Company)	<u>s.</u>)	
(A Florida Limite	ed Liability Company)		
The Articles of Organization for this Limited Liability Compa	ny were filed on August 11, 2020		_ and assigned
Plorida document number L20000244126			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC	or the abbr	
Enter new principal offices address, if applicable:		=	2021
Principal office address MUST BE A STREET ADDRESS)		1:	A.
		57	21+
		["	P
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u>Š</u> f.	30
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	ee address on our records, <u>enter</u>	the name	of the new reg
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addres	X	
	Flo	orida	
	Cin		Zip Code

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	Michael W. McCormick	1474-A West 84 Street	
		Hialeah.FL. 33014	≅Remove
			□ Change
			□ Add 2021 HRemove
			Remove 22 Change PH 1
			□Remove
			□Change
			Remove
			Change
		-	□Add
			□Remove
			□ Remove □ Change

	<u>. </u>					
						
-		<u>-</u>				
	· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·		
						21
					jina per m	21 M
	·	<u> </u>	<u></u>		:	<u> </u>
		 _		•	iaust.	<u>5</u>
						PH .
	. ,				LORIDA	4.0
			··		<u> </u>	ω
						
				_		
			 .	_		
ective date, if other than	the date of filing:			(ontions	d)	
ective date, if other than effective date is listed, the date	must be specific and co	innot be prior to dat	e of filing or more than	90 days after fili	ng.) Pur	suant to 605.02
e: If the date inserted in thi ument's effective date on th	is block tides not me ie Department of Sta	et tile applicable : te's records.	aatutory ming requi	ements, this da	ite Will	not be listed
cord specifies a delayed effe	ctive date, but not as	n effective time, a	t 12:01 a.m. on the c	arlier of: (b)	The 901	th day after th
filed,						-
May 20.		2021				
ed May 20,	7. 1	·				
	1	\wedge				
	3 1 / 14					

Typed or printed name of signee