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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

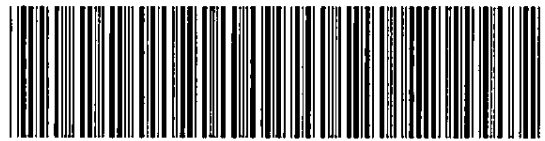
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aurea Saint LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Holly Podolak  
Name of Person

Firm/Company

100 Seabreeze Blvd Apt 509  
Address

Daytona Beach, FL 32118  
City/State and Zip Code

hollyhadleigh27@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Podolak at (386) 314-2270  
Name of 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:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Aurea Saint LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/17/20 and assigned  
Florida document number L20000292848

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MATTHEW RAY MCCORMICK

New Registered Office Address:

100 SEABREEZE BLVD #509

Enter Florida street address

DAYTONA BEACH

City

Florida 32118

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>	<u>Type of Action</u>
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MGR/AMBR	Holly <sup>M</sup> Podolak	100 Seabreeze Blvd Apt 509	<input type="checkbox"/> Add
		Daytona Beach FL, 32118	<input checked="" type="checkbox"/> Remove

☐ Change

MGR/AMBR	MATTHEW RAY McCormick	100 Seabreeze Blvd Apt 509	<input checked="" type="checkbox"/> Add
		Daytona Beach FL, 32118	<input type="checkbox"/> Remove

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(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)(b)

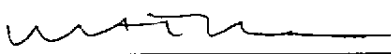
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 10, 2024.

Holly Ford  
Signature of a member or authorized representative of a member

Holly Podoluk  
Typed or printed name of signee

I, Mathew Ray McCormick accept the appointment of Manager and Authorized Member of Aurea Saint LLC. I am familiar with, and accept the obligations of the position.

Signature 

Date 03-11-2024