L20000390606

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



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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

| Division of Co | orporations | | |
|--|--|---|--|
| AURORA | A VENTURES INTERNATIONA | L LLC | |
| SUBJECT: | Name of Limi | ted Liability Company | |
| | .C.A | mitted for filing | |
| | of Amendment and fee(s) are sub- | | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Sriram Palampalli | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2229 Bodrick Cir. APT 20 | | p Code annual report notification) 258-7122 de Daytime Telephone Number Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certificat Copy (additional copy is enclosed) |
| | Address Brandon, FL 33511 | | |
| | | C. C. J. C. J. | |
| | asset.mgr01@gmail.com | City/State and Zip Code | |
| | E-mail address: () | to be used for future annual report n | otification) |
| For further information | n concerning this matter, please ca | ail: | |
| Sriram Palampalli | | 650 258-7122 | ! |
| Nam | e of Person | Area Code Days | ime Telephone Number |
| Enclosed is a check fo | r the following amount: | | |
| \$25.00 Filing Fee \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |
| <u>Mailing Add</u> Registratio | | Street Address: Registration ! | |
| | Corporations | | |

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

2072 HAY TO AM 6: 52

AURORA VENTURES INTERNATIONAL 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 12/15/20 | 20 and assigned | | | |
|---|--|---|--|--|--|
| Florida document number L20000390606 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | |
| | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company." the designation | on "LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | 2229 Bodrick Cir | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | ESS) APT 203 | | | | |
| | Brandon, FL 33511 | | | | |
| Enter now mailing address if a limble. | 10006 Cross Creek B | lvd | | | |
| Enter new mailing address, if applicable: | Suite# 211 | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Tampa FL 33647 | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida stree | ot address | | | |
| | | , Florida | | | |
| Name Description of Association (Calculation Description) | City | Zip Code | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | |
| I hereby accept the appointment as registered agent and agrouperovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publications for my position as registered agent as publiced to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my due provided for in Chapter | ties, and I am familiar with and r 605. F.S. Or, if this document is | | | |
| II Char | uring Degistered Agent Sign | nature 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 2022 HAY TO AM 6: 52 Type of Action **Address** Title Name 2229 Bodrick Cir. AMBR Sriram Palampalli □Add **APT 203** Brandon, FL 33511 _____ 🖾 Change 20508 Sultana Ct Sanjiv Sharma **AMBR** Tampa FL 33647 ☐ Change ____ □Remove _____ Change □Add _____ Change _____ □Remove

____ □Change

| | ease upuate ETN I | number as well. | Eliv number: | 85-4389273 | • | • • • | | |
|------------------------|--|---|--------------------------------------|--------------------|----------------------|--|---------------------|---------------------------|
| | | | | 2022 | HAY 10 | AH 6: 52 | | |
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| in effecti ote: f | date, if other that ive date is listed, the date inserted in | ate must be specifi- this block does t | c and cannot be p not meet the ap | plicable statutor | ng or more the | (option of the control of the contro | filing.) Pursuant t | o 605.0207 e listed as |
| cument | 's effective date on | the Department | of State's reco | rds. | | | | |
| ecord spis filed. | pecifies a delayed e | ffective date, but | not an effectiv | re time, at 12:01 | a.m. on th | ie earlier of: (b |) The 90th day | after the |
| ited | 05 - 06 - Emirati | 2021 | · | · | | | | |
| | Lunan | isk | | | | | | |
| | | Signature o | of a member or a | uthorized represen | ntative of a | member | *** | _ |
| | | | | | | | | |

Filing Fee: \$25.00