# L21000032220

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D. BRUCE JUL 14 2021

### **COVER LETTER**

	ation Secti n of Corpo					
	ЛА ВКОК	CERS INTERNATIONAL. I	I.C		. '	
SUBJECT:		Name of Lim	ited Liability Company	_	<del></del>	
		nendment and fee(s) are sub lence concerning this matter				
		FRANK R. SARIOL				
			Name of Person			
		THE SARIOL GROUP, I.	LC			
			Firm/Company			
		8200 NW 41ST STREET.	SUITE 315			
			Address			
		DORAL, FLORIDA 3316	6			
		FSARIOL@ME.COM	City/State and Zip Cod	le		
		E-mail address: (	to be used for future annu-	al report notification)	ا : : ا : : ا : يا ديز	2021 JUN 15
For further infor	mation con	cerning this matter, please ca	all:			
OSCAR G. BEI	ANCOUR	т	786 <i>6</i>	536-8649	·	
	Name of P	erson	Area Code	Daytime Telepho		포 양
Enclosed is a che	eck for the	following amount:				39
□ \$25.00 Filing	g Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is e		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AULA BROKERS INTERNATIONAL, LLC			
(Name of the Limited Liability Company as i (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.21000032220}{1.000032220}$	filed on <u>01/14/2021</u>	_ and assi	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability c	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbre	viation "[]	L.C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_ <del></del>
			<del></del>
B. If amending the registered agent and/or registered office a	ddress on our records, enter th	e name (	of the nev
registered agent and/or the new registered office address here:			
			) =
Name of New Registered Agent:		: <u> </u>	···· (and ···· (and ··· (and )
New Registered Office Address:			
	Enter Florida street address	<u>-</u> د	<u> </u>
	, Florida		<u> </u>
C	ιν.	Zıp Code =	, <i>I</i>
New Registered Agent's Signature, if changing Registered Agent:	ı	5	ა
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office addression of this change.	rmance of my auties, and i am jair led for in Chapter 605, F.S. Or. if	uuar wui this docui	ment is

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>	Address	Type of Action
MGR	Juan M Uribe Hernandez	8200 NW 44ST STREET	
		SUITE 315	■ Remove
		DORAL, FL 33166	Change
MGR	Jorge A Alvarez Jimenez	8200 NW 41ST STREET	
		SUITE 315	Remove
		DORAL, FL 33166	Change
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	<del></del>		□ Add
			☐ Remove
			☐ Change

<ol> <li>If amending any other information, enter change(s) here: (Attach additional sheets, if necessary</li> </ol>	.)		
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			نسب ديميه
E. 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	င်သ 60 <b>3,92</b> 07 (3	3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be	listed as th	Æ
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. (b) The 90th day after the record is filed.	on the ea	rlier of:	
Dated			
Signature of a member or authorized representative of a member		-	
CHRISTIAN ARCE AGUILAR			
Typed or printed name of signee	_	-	

Page 3 of 3

Filing Fee: \$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AULA BROKERS INTERNATIONAL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number 1.21000032220 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: New Registered Office Address: 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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Address	Type of Action				
MGR	Juan M Uribe Hernandez	8200 NW 41ST STREET					
		SUITE 315	■ Remove				
		DORAL, FL 33166	Change				
MGR	Jorge A Alvarez Jimenez	8200 NW 41ST STREET					
		SUITE 315	Remove				
		DORAL, FL 33166	☐ Change				
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ffective date, if other than the data of effective date is listed, the date must be some. If the date inserted in this block occurrent's effective date on the Department.	does not:	meet the ag	pplicable	ate of filing statutory	or more that filing requ	i 90 days after irements, this	filing.) Pu date wil	rsuant to I not be	605.0207 ( listed as t
e record specifies a delayed e The 90th day after the record			t not ai	n effect	ve time,	at 12:01 a	ı.m. on	the ea	rlier of:
ated APRIL 23		2021	·						
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Filing Fee: \$25.00