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## Floridal Department of State Division of Constraints Electronic Filing Sever Stieft

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To:		21 <u>2</u>
	Division of Corporations	
	Fax Number : (850)617-6383	29
From:		- T
	Account Name : HADAS ACCOUNTING AND TAX SERVICES	
	Account Number : I20170000018	g- 👼 🔽
	Phone : (305)222-2289	77. <b>O</b>
	Fax Number : (305)221-3810	· 0

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: hadasins a attornet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KOURUS INTERNATIONAL LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

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## COVER LETTER

TO: Registration S Division of Co					
	INTERNATIONAL LLC			•	
SUBJECT:	Name of Lir	nited Liability Company			
				•	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this marte	to the following:			
	BLANCA L LACAYO			1 2	
		Name of Person		1961 1961 1961	
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	Miami, Fl 33174			<u> </u>	S
		City/State and Zip Code			
	E-mail address:	to be used for future annual report notil	fication)		
For further information of	concerning this matter, please o	all:			
Bianca L Lacayo		305 222-2289			
Name o	of Person		: Telephone Number	•	
Enclosed is a check for t	he following amount:				
₩ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclased)	Certified	to of Status &	
Mailing Address		Street Address:			
Registration : Division of C		Registration Sec Division of Corp			
P.O. Box 632		The Centre of To			
Tallahassee, 1	FL 32314	2415 N. Monroe		10	

Tallaliassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AOUROS INTERNATIONAL LLC		
( <u>Nume of the Limited Clability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000217373	were filed on 05/10/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4891 Powerline Road, FT Lauderdale,	FL 33309
(Principal office address MUST BE A STREET ADDRESS) 4891 Powerline Road,		FL 33309
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	4891 Powerline Road, FT Lauderdale,	FL 33309
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nat	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
ew Registered Agent's Signature if changing Ducktured Agent.	City	∠ip Coue I

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 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

Title	Name	Address	Type of Action
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