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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056

Phone : (954)842-2931

Fax Number : (954)842-2936

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALURIA FINANCIAL, L.L.C.

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## **COVER LETTER**

TO: Registration ! Division of Co			
ALURIA	FINANCIAL, L.L.C.		
SUBSECT.	Name of Lin	mited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
	oondence concerning this matte		
	CASTILLO, JUAN JOS	E	
		Name of Person	<del></del>
	ALURIA FINANCIAL, I	L.L.C.	
		Firm/Company	
	19401 NW 2ND AVE		
		Address	
	MIAMI GARDENS, FL	33169	
	ALURIAFINANCIAL@G	City/State and Zip Code	
		(to be used for future annual report not	fication)
For further information	concerning this matter, please o	eali:	
CASTILLO, JUAN JO	SE	305 653-6878	
Name o	of Person	Area Code Daytim	e 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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALURIA FINANCIAL, L.L.C. (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 12/02/2021 and assigned Florida document number L21000510608 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: 2623 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, 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>	Address	Type of Action
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			□Change
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record specifies a delayed effect is filed.	tive date, but not an effective	e time, at 12:01 a.m. on t	he earlier of: (b) The 90th da	ay after the
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ated	Quan Qod Signature of a member or au	e Castillo uthorized representative of a		

Filing Fee: \$25.00