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COVER LETTER

	istration Se sion of Cor			;		
SUBJECT:	Arango Au	a Realty LLC				
SUBJECT:		Name of Lim	Name of Limited Liability Company			
The enclosed	Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Aura Maria Arango Campo	o			
			Name of Person			
		Arango Aura Realty LLC				
			Firm/Company			
		8120sw 160th St				
			Address			
		Palmetto Bay, FL 33157				
			City/State and Zip Code			
		auraarango l@hotmail.com	to be used for future annual report			
For further in	formation co	oncerning this matter, please co	·	nomeanon		
Aura M Aran	igo		612 6702664			
	Name of	Person	Area Code Day	time Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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)		
	ling Addres istration S		Street Address Registration			
Div	ision of C	orporations	Division of (
P.O	. Box 632	7		f Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 13 PM 4: 43

Arango Aura Realty LLC			C/ 1
(Name of the Lin	nited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our record any)	TALLAHASSEF FILE
e Articles of Organization for this Limited			~
rida document number L22000177795	 .		
s amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liability compar	ıy here:	
ango Aura LLC			
new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC	" or the abbreviation "L.L.C."
ter new principal offices address, if appl	icable:		
rincipal office address MUST BE A STRE			
			
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE	= 		
			· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or	registered office address on o	our records, enter	the name of the new registe
ent and/or the new registered office addr	ess here:		
Name of New Registered Agent:	Aura Maria Arango Campo		<u>, </u>
	Aura Maria Arango Campo 8120sw 160th St	_ .	
Name of New Registered Agent: New Registered Office Address:	8120sw 160th St	r Florida street addres:	T
	8120sw 160th St		orida <u>33157</u>

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>	Type of Action	
AMBR Aura Maria Arango Campo		8120sw 160th St. Palmetto Bay, FL 33157		
			□Remove	
			□Change	
			□Add	
			□Remove	
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ective date, if other that effective date is listed, the d	an the date of fili	ng:	or to data of filin	a company than 00 de	(optional) n i Dumu	iant to 61) S A 2 A
te: If the date inserted in	this block does not	t meet the appli	cable statutory					
cument's effective date or	t the Department of	State's record	S.					
cord specifies a delayed e	effective date, but n	ot an effective	time, at 12:01	a.m. on the earlie	erof:(b) T	hc 90th	day aft	er the
s filed.								
May 9th		2022						
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