Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email:	Address:			
Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4241 AURORA VENTURES LLC

Certificate of Status	0
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FEB 0.3 2023

TO:

Registration Section

## **COVER LETTER**

Division of Corp	porations		
	DRA VENTURES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eduardo I. Otaola		
		Name of Person	
	Constellation Real Estate,	LLC	
		Firm/Company	· · · · · ·
	8950 SW 74TH CT, SUIT	E 1808	
		Address	
	Miami, Florida 33156		
	cotaola@groupconstellation	City/State and Zip Code	
	=	to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
Michael Pardo		305 358-1001	
Name o	f Person		nc Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		Street Address: Registration So	ection
Division of Corporations		Division of Co	orporations
P.O. Box 632		The Centre of	Tallahassee oc Street, Suite 810
Tallahassee,	FL 32314	2410 N. Monre	ue atreet, autre 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4241 AURORA VENTURES LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Liability Company		and a	assigned
Plorida document number L22000236200			
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 Liab	ility Company," the designation "LLC" or the a	abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		·	<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office		9	202
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the j	new-regist
agent and/or the new registered office address here:		•	EB
			-2
Name of New Registered Agent:		•	-m (
		-	K
New Registered Office Address:	Con Chair and I		ယ
	Enter Florida street address		02
	, Florida	·	
<del>-</del>	City	Zip Co	de

## 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

<u>Title</u>	Name	Address	Type of Action
MGR	Eduardo Otaola	8950 SW 74TH CT, SUITE 1808	
		Miami, Florida 33156	■Remove
MGR	4241 AURORA MANAGER LLC	8950 SW 74TH CT, SUITE 1808	■Add
		Miami, Florida 33156	□Remove
			□Change
		P - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			🗀 Add
			(I) Change
			□Remove
			Change

Effec	tive date, if other than the date of filing:
(If an c: <u>Note:</u>	Tective 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 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	January 31. 2023
	WHITE HE STATE OF THE STATE OF
	`

Typed or printed name of signee