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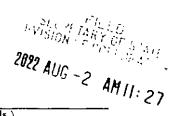
	Registration Se Division of Cor			
Subirc	Aura Nogue	era LLC.		
SUBJEC	, I:	Name of Lim	ited Liability Company	•
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Aura Noguera		
			Name of Person	
			Firm/Company	····
		10612 Bastille En apt. 102		
			Address	
		Orlando, FL 33836		
		shellyna@gmail.com	City/State and Zip Code	
			to be used for future annual report no	tification)
For furth	er information c	oncerning this matter, please c	all:	
Aura No	guera		305 397-3561	
•	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5,0	00 Filing 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)
	Mailing Addres Registration S		<u>Street Address:</u> Registration S	ection
	Division of C		Division of Co	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Aura Noguera LLC

(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 vi Florida document number 1.22000276604	vere filed on June 17, 2022	and assigned
rionda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbrev	viation "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)		
(Maning address PIAT BEAT OST OF FIELDOM)		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, enter the name o	f the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	Cin	Zip Code
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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Aura Noguera	10612 Bastille Ln apt. 102 Orlando, FL 33836	
			□Rепюче
			□Change
		<u> </u>	□Add
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fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and cannot be prior to date of fil	ling or more than 90 days after filing.) Pursuant to 605,0207
ote: If the date inserted in this block does not meet the applicable statute current's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as
ecord specifies a delayed effective date, but not an effective time, at 123	11 a.m. on the earlier of: (b). The 90th day after the
is filed.	and the current of the same and the the
nted July 27	
<u> </u>	
Signature of a member or authorized repres	sentative of a member