L22000383220

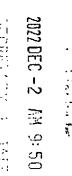
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			•			
	GLOBAL COMPANY L.L.C.					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ARTUR NOREK					
		Name of Person				
	AURORA GLOBAL COM	MPANY L.L.C.			~	
		Firm/Company			022	
	1661 NW FIRST COURT				2022 DEC -2	,
		Address	····	- 2.		**
	BOCA RATON FL 33432	!		. · ·	7	
	art@extremewebmedia.com	City/State and Zip Code		717	AM 9: 50	
	E-mail address: (to be used for future annual r	eport notification)			
For further information c	oncerning this matter, please c	atl:				
ARTUR NOREK		- : :	1491			
Name o	f Person	at () Area Code	Daytime Telephon	e Number		
Enclosed is a cheek for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is encl	used)	60.00 Filing Fee. Certificate of State Certified Copy (additional copy is enc		
<u>Mailing Addres</u> Registration S		<u>Street Ad</u> Registra	dress: tion Section			
Division of C P.O. Box 632	•		n of Corporation atre of Tallahass			
F.O. BOX 052	. /	rne Cen	iu e or Tananass	CC		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUROKA GLOBAL COMPANY		
(Name of the Lim)	ited Liability Company as it now appo (A Florida Limited Liability Company	cars on our records.) y)
-	iability Company were filed on j	August 31, 2022 and assigned
If amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company here: In amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." In amending offices address, if applicable: In cipal office address MUST BE A STREET ADDRESS) In amending address, if applicable: In amending address, if applicable: In amending address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered		
and assigned orida document number 1.22000383220 and assigned 1.2200038220 and assigned 1.22000		
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "L.L.C." or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	92. 22
		72.0 TA
nter new mailing address, if applicable:		
••	BOX)	_ ,
•		2
		
		r records, enter the name of the new regist
Name of New Registered Agent:	ARTUR NOREK	
New Registered Office Address:	1661 NW FIRST COURT	
, 12 11 Healineted Villee Hadiess.	Enter F	lorida street address
	BOCA RATON	, Florida 33432
	Cuy	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 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
MMBR	ARTUR NOREK	1661 NW FIRST COURT	
			□Remove
		BOCA RATON FL 33432	□Change
MGR	DOMINIK A PYCINSKI	1661 NW FIRST COURT	□Add
			■Remove
		BOCA RATON FL 33432	□Change
MGR	OLGA KOZIOL	1661 NW FIRST COURT	
			S) Remove
		BOCA RATON FL 33432	ALL ALCOHOLOGY
			190 00 100 100 100 100 100 100 100 100 1
			∏ C⊓ □R m ove
			□Change
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fective date, if other than the one offective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	he specific and cannot be prior to date of filing on the control of the does not meet the applicable statutory for the control of the control	(optional) or more than 90 days after filing.) Pursuant to 6 filing requirements, this date will not be li	05.020 isted a
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.	m, on the earlier of: (b) The 90th day at	ter the
November 25	. 2022		
:	Signature of a member or authorized representa	nive or a memoer	

Filing Fee: \$25.00