L23000078340

(Re	equestor's Name)	
(Ad	ldress)	- -
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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10/27/23--01013--022 **60.00

2023 CCT 27 IN 10: 17



COVER LETTER

TO: Registration S Division of Co						
Altaura LL	.C					
SUBJECT: Name of Limited 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:				
	Amy Thiessen					
		Name of Person				
	Altaura LLC					
		Firm/Company				
	2778 S Ocean Blvd, Apt I	06N				
		Address				
	Palm Beach, FL 33480					
		City/State and Zip Code				
	amylthiessen@yahoo.com					
For further information c	e-mail address: (to be used for future annual report notificately:	ation)			
Amy Thiessen		917 750-8223				
Name of Person		Area Code Daytime T	elephone Number			
Enclosed is a check for the	he following amount:					
□ \$25.00 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 Address		Street Adaress:				
Registration S Division of C		Registration Section Division of Corpo				
	•		*···			

P.O. Box 6327

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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Altaura 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 were filed on 2/13/23 _____ and assigned Florida document number L23000078340 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Banbury Advisory LLC 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: 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 ('erson(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
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Effec	tive date, if other than the date of filir	ng:		(optional)	
Note:	ffective date is listed, the date must be specific are. If the date inserted in this block does not nent's effective date on the Department of	meet the applicable	ite of filing or more tha	n 90 days after filing.) Pur	suant to 605,0207 (not be listed as a
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	ord specifies a delayed effective date, but no filed.	n an enective time,	at 12:01 a.m. on the	earlier or: (b) The 90	in day after the
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Filing Fee: \$25.00