L23000261760

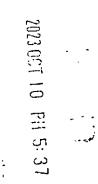
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Challer A

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

AU INTER	RNATIONAL GROUP LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHIRIN MOVAHED RAI	KOCEVIC	
		Name of Person	
SUBJECT: Name of Limited Liability Company			
		Firm/Company	
	701 S. OLIVE AVENUE	SUITE 1009	
		Address	
	WEST PALM BEACH, F	LORIDA 33401	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tilication)
For further information of	oncerning this matter, please c	all:	
SHIRIN MOVAHED R	AKOCEVIC	917 341-5331	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration			ection
Division of C		Registration Section Division of Corporations	
P.O. Box 632	*	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AU INTERNATIONAL GROUP LLC	2023 BOT 11	<u>0 PM 5: 37</u>
Name of the Li	mited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number <u>L23000261760</u>		131, 262 3	and assigned
This amendment is submitted to amend the f	following:		
A. If amending name, enter the new name	e of the limited liability company here	:	
The new name must be distinguishable and contain the	ne words "Limited Liability Company," the desi	gnation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if app	olicable:		
(Principal office address MUST BE A STR	EET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or the new registered office add	or registered office address on our reco	ords, enter the name	of the new regi
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	i street address	
		, Florida	
	Cit		Zip Code
New Registered Agent's Signature, if changing	ng Registered Agent:		
I hereby accept the appointment as registed provisions of all statutes relative to the pr	•	- ·	

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> Zitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	FOXSTONE MATERIALS LLC	1630-55TH STREET, BROOKLYN, NY 11204	
			=Remove
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			□Change
			□ Add
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E. Effective date, if other than the earliestive date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the De	be specific and cannot be prior to date of ck does not meet the applicable state	(optional) filling or more than 90 days after filling.) Pursuant to 6 autory filling requirements, this date will not be li	05.0207 (3) sted as me
f the record specifies a delayed effective ecord is filed.	date, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day af	ter the
Dated AUGUST 21	. 2023		
	Shirin Movahed A	^ /	

Typed or printed name of signee