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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration : Division of Co	Section orporations		d.
Aurora H SUBJECT:	ealth Group LLC		
SONJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Vivian Weyll		
		Name of Person	
	Aurora Health Group, LLG	0	
		Firm/Company	
	760 NW 107 Ave., Suite 4	120	
		Address	
	Miami, Fl 33172		F- 3
		City/State and Zip Code	
	operations@ariafinancialgr	•	
	E-mail address: (to be used for future annual report notification	on)
For further information	concerning this matter, please c	all:	• •
Vivian Weyll		786 438-8493 at ()	
Name	of Person	Area Code Daytime Tele	ephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of 0	Section Corporations	Registration Section Division of Corpora	
P.O. Box 63		The Centre of Tallal	
Tallahassee,	FL 32314	2415 N. Monroe Str	eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aurora Health Group 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 6/12/2023 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___ City

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>	Address	Type of Action
MGR	Adriano D'Andrea	760 NW 107 Ave., Suite 420	≣Add
		Miami, Fl 33172	□Remove
			□Change
			□Add
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Vivian/Weyll //	is filed.	0000	of a member
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Filing Fee: \$25.00