

L23 000 487 271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

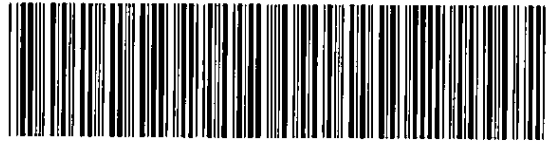
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 NOV 16 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FL

AURORA JAMAICA LLC
520 NE 180TH DRIVE, NORTH MIAMI BEACH, FL 33162
TEL: 305-399-4026 EMAIL: AURORASUITESJA@GMAIL.COM

Nov 5TH, 2023

I, Christian A Chavez am adding myself and Christopher-ray Smith as authorized members of AURORA JAMAICA LLC (L23000487271).

Thanks,

Christian A Chavez
305-399-4026



2023 NOV 16 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aurora Jamaica LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian A Chavez
Name of Person

Aurora Jamaica LLC
Firm/Company

520 NE 180th drive
Address

North miami beach, FL 33162
City/State and Zip Code

aurorasuitesja@gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian A Chavez at (305) 397-4026
Name of Person Area Code Daytime Telephone 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)~~

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

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FILED

Aurora Jamaica LLC

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>	<u>Type of Action</u>
AMBR	Christopher-ray Smith	520 NE 180 th Drive	<input checked="" type="checkbox"/> Add
		North miami beach FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christian A Chavez	520 NE 180 th Drive	<input checked="" type="checkbox"/> Add
		North miami beach FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 NOV 16 AM 8:45
SECRET//NOFORN
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOV 6th 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00