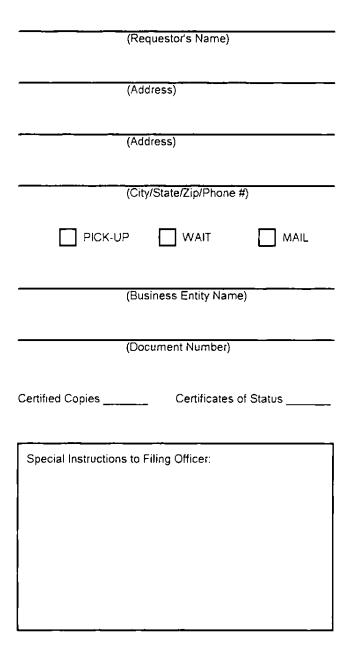
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Office Use Only



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FILED
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: The	Mobile Haur L Name of Lim	OVIGE UC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nichole	Agy C	
	C6	Firm/Company	
	<u>2303 N</u>	Congress are	#31
	Boy	Oity/State and Zip Code AUVAD AMAI . COM to be used for typure annual report notif	33424
For further information of	oncerning this matter, please co	·	ication
Nichole A	MADNE f Porson	at (815) 402- Area Code Daytime	- 9450 : Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The mobile Haw Lo	rage LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 23000514048</u>	oany were filed on/	1/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Strands of Aura UC			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u>တို့</u> <u>ကျ</u>	2024
Enter new mailing address, if applicable:		55 55 25 25	FILE
(Mailing address MAY BE A POST OFFICE BOX)		49	3 , , ,
B. If amending the registered agent and/or registered off	fice address on our recor	ds, 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 s	treet address	
		, Florida	
	City	Zi _i	o 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 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		
<u> </u>	MCD - M	
<u> </u>	MGR = Manager	
	AMRR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□Remove
			Change
		,	🗆 Add
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ffective date, if other that an effective date is listed, the lote: If the date inserted in inserted i	e date must be specific ar in this block does not	nd cannot be prior to meet the applicab	le statutory filing re	quirements, this date v	Pursuant to 605.0207 (vill not be listed as t
record specifies a delayed is filed.	d effective date, but no	ot an effective time	e, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
ated 5/6/24		·,	. •		
	Juliale	angone	zed representative of a	member	
		A LINCTILLION OF THE MARKET AND A STREET			