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(Re	questor'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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S. PRATHER

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
	AURANTS SUPPLY 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:	
	MOHAMMAD ALAJOLI	EIN	
		Name of Person	
		Firm/Company	
	2879 LANTANA LAKES		
		Address	
	JSCKSONVILLE, FL 322	46	
		City/State and Zip Code	
	M.alajolein@gmail.com	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
MOHAMMAD ALAJO	LEIN	904 8663012 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	the aboreviation (2.13.C.
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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	MOHAMMAD ALAJOLEIN	2879 LANTANA LAKES DR W JSCKSONVILLE	, F: □Add
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Filing Fee: \$25.00