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COVER LETTER

AUREA MULTISERVICIOS ELITE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CLARA A FIGUEROA DE TORRES Name of Person AUREA MULTISERVICIOS FLITE LLC Firm/Company 5222 TY SON RANCH BLVD Address ORLANIXO FLORIDA 32824 City/State and Zip Code AUREAMILTISERVICIOSELITE LLC GCMAIL.COM Email address: (to be used for future annual report notification) For further information concerning this matter, please call: CLARA A FIGUEROA DE TORRES Au (TO: Registration So Division of Co			
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Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		•		-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACKEANCI HOTROGOO EDITETAC	
(<u>Name of the Limited Liability Company as it nov</u> (A Florida Limited Liability Co	s appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed lorida document number 1.24000275913	
lorida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	pany here:
he new name must be distinguishable and contain the words "Limited Liability Compan	iy," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	24
Mailing address MAY BE A POST OFFICE BOX)	
	7 0 F
	F . 5
3. If amending the registered agent and/or registered office address or	
gent and/or the new registered office address here:	53
	·*
Name of New Registered Agent:	
New Registered Office Address:	
E	inter Florida street address
	Florida

New Registered Agent's Signature, if changing Registered Agent:

VED DE A VIETE PROPERTO MARCONICA DE PETE LE CO

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.

(in

Zip Code

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>	Type of Action
MGR	CLARA A FIGUEROA DE TORRES	5222 TYSON RANCH BLVD, ORLANDO FL 32824	
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fective date, if other than the date of filing: (optional) (opti		·					
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Signature of a number or authorized representative of a member		0	M/				
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Filing Fee: \$25.00