

L24000377064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

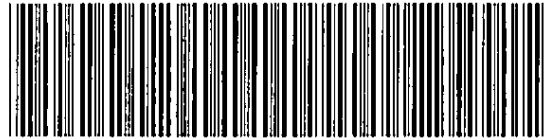
(Business Entity Name)

(Document Number)

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08/17 PM 3:20
CLERK OF COURT
HILLSBORO, FL

CLERK
08/17/24

AURA CAFÉ BAR LLC

11950 SW 35TH TERR
MIAMI, FL 33175

September 10, 2024

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

RE: AURA CAFÉ BAR LLC
Document Number: L24000377064

To Whom It May Concern,

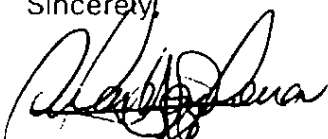
Enclosed, please find the Amendment Form for AURA CAFE BAR LLC. We are requesting the following changes to be made:

1. Name Addition: Change the company name to AURA CAFE & BAR LLC.
2. Member Percentages: Record the ownership percentages of each member as follows:
 - Dina Pozo Pena: 50%
 - Jorge Alain Pena: 50%
3. EIN Information: Add our EIN to your records: EIN: 99-4796052

If you have any questions or need further clarification, please do not hesitate to contact me via phone at 786-479-5954 or via email at auracafebar1@gmail.com.

Thank you for your prompt attention to this matter.

Sincerely,



Dina D Pozo
Registered Agent
AURA CAFE & BAR LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aura Cafe Bar LLC

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:

Dina D Pozo Pena

Name of Person

Aura Cafe Bar LLC

Firm/Company

11950 SW 35th Terr

Address

Miami, FL 33175

City/State and Zip Code

auracafebar1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dina Pozo Pena

786 4795954
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Aura Cafe Bar 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 08/27/2024 and assigned
Florida document number 124000377064.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AURA CAFE & BAR LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

We would like to record the percentage of each member:

Dina D Pozo Pena 50%

Jorge Alain Pena 50%

We also need to add the EIN: 99-4796052

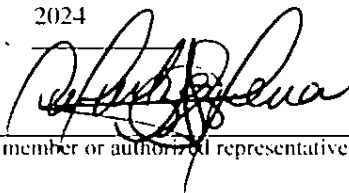
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 10th of September, 2024



Signature of a member or authorized representative of a member

Dina D Pozo Pena

Typed or printed name of signee