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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:Aurora	Tounhouse C	andoninums, Inc.	
DOCUMENT NUMBER: NO	1000010558		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Sandra Pa	(Name of Contact Person		
	(Name of Contact Person	1)	
Really Assocrates of C	ape Caral, Inc		
•	(Firm/ Company)		
1325 SE 47m St.	Suite C9		
	(Address)		
Cope Corol	(City/ State and Zip Code	4	
	(City/ State and Zip Code	:)	
1	. 0		
eslieva	17 e yahoo.	con	
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	call:		
_			
Sandra Pauly (Name of Contact Person)	at (239	1 549-6480	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address	Street	Address	
Amendment Section	Amend	ment Section	
Division of Corporations		on of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Building executive Center Circle	
i alianassee, FL 32314	∠001 E	ACCULIVE CERTOL CITCLE	

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

Aurora T	omhause	Condo	miniums, ly	nc .	
(Name of Corporation as current)					-
N07	000010	228			_
(Docu	ment Number of Co	rporation (if know	vn)		-
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		s, this <i>Florida No</i>	t For Profit Corpora	tion adopts the	following
A. If amending name, enter the new name	ne of the corporati	on:			
	NIA				The new
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorpoi	rated" or the abbrevi	ution "Corp."	or "Inc."
B. Enter new principal office address, i	f applicable:				w
(Principal office address <u>MUST BE A ST</u>		Λ	MA-		Aije -
		/	)	2,444	-2-
			<u> </u>	~~,,	- <u>P</u> C
C. Enter new mailing address, if applic				7.7.3. 2.4.3.4.	<i>i</i> 2
(Mailing address <u>MAY BE A POST C</u>	FFICE BOX)		~[[n	, and the second	<del>\$</del> 6
			10/14		-
					_
D. If amending the registered agent and new registered agent and/or the new			rida, enter the name	of the	
new registered agent and/or the new	registered office a	auress:			
Name of New Registered Agent:		NIA			
New Registered Office Address:		(Florida street addres	is)		
			, Florida		
	(City)			(Zip Code	?)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			cept the obligations of	of the position.	
,t	5		•	, ,	
<del></del>	Signature of New	Registered Agent,	if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u> </u>	Marcella Siler	1330 SW 47th Fer Cope Coval, FL 33914
Add X Remove			Cope Coval, FL 33914
2) Change		Roy Leighnor	1330 SW 47th Ter # 102 Cape Coral, FL 33914
X Add			Cape Coral, FL 33914
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

. <u>It amending or addi</u> (attach additional she	ig additional Articles, ets, if necessary). (Be	enter change(s) here: e specific)	 

The date of each amendment(s) addate this document was signed.	doption: July 29, 2013	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(sal.	s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	7/29/2013	
Signature	with Langurstry	
have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)'  President	
	(Title of person signing)	