N070000 11445

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Division of Corporations	
Auroras Voice, Inc.	
NAME OF CORPORATION:	
N07000011445	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Lori Vincent	
***************************************	(Name of Contact Person)
Auroras Voice, Inc.	
	(Firm/ Company)
3230 S Ocean Blvd #605	
	(Address)
Palm Beach, FL. 33480	
	(City/ State and Zip Code)
lorimvincent@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Lori Vincent	(917)
	at 841-3188 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee XiS43.75 Filing Fee & ertificate of Status	\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

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5	,
2020 1110	ED
1020 A.115 14	' A ,
•	D 4: 41

		1020 11/10	4 D 4:41
Name of Corporation as currently filed with the Florig	da Dept. of State)		70
Auroras Voice, Inc. N07000011445		•	~ 4: 41
(Document Nu	ımber of Corporation (if k	nown)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fe</i>	or Profit Corporation adopt	s the followin
A. If amending name, enter the new name of the corpo	oration:		ert
name must be distinguishable and contain the word "corp	oration" or "incorporated	d" or the abbreviation "Cor	The nev rp." or "Inc."
'Company" or "Co." may not be used in the name.			
3. Enter new principal office address, if applicable:	HIA		
Principal office address <u>MUST BE A STREET ADDRE</u>			
	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_NIA		
D. If amending the registered agent and/or registered	office address in Florida	, enter the name of the	
new registered agent and/or the new registered offi			
Name of New Registered Agent: N	ለ		
	- OF	lorida street address)	
New Registered Office Address:			
	·	, Florida	
	(City)	(Zip Code	ソ
New Registered Agent's Signature, if changing Registe	red Agent:		
hereby accept the appointment as registered agent. I an		the obligations of the posit	ion.
nia			

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title an	d name of each officer/director be	eing 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 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	PT John De V Mike Jo SV Sally Se	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name N A	<u>Addres</u> s
l) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove		-	
5) Change Add			
Remove		-	
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti is, if necessary).	icles, enter change(s) here: (Be specific)	
NA			
	-		
		-	

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	-	
The date of each amendment(s) addate this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
	ick does not meet the applicable statutory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	

	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	August 1, 2020
Dated	
Signature	
-	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Ken Horkavy
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) Chairman of the Board of Directors