P17000004967

(Requestor's Name)		
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATE	ON:	AURY SPAIN CORP	
	CUMENT NUMBER: 1:1700-90)496?		
The enclosed Articles of Ar			
Please return all correspond	lence concerning this ma	atter to the following:	
		MONICA GERMAN EA	
		Same of Contact Person	1
	AK	FOFFICE SYSTEMS INC	
		Firm' Company	
	8637	ESCONDIDO WAY EAST	
		Address	
]30	OCA RATON, FL 33433	
		City/ State and Zip Cod	e'
		mgaxsol@gmail.com	
		sed for future annual report	notification)
For farther information con	cerning this matter, plea	se call:	
MONICA	GERMAN	954 (554-7424
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	2843.75 Filing Fee & Certificate of Status	EB\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street	Address
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327			entre of Tallahassee
Tallahassee, FL 32314		2415 8	N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AURY SPAIN CORP

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dep	ot. of State)
	91700000	4967	
	(Document Number	of Corporation (if known)	
Porsuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, thi	s Florida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cohartered," "professional association,	Corp, " "Inc," or "Co".	A professional corporation i	or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		10884 GANTRY STREE	T
	(Principal office address <u>MUST BE A STREET ADDRESS</u>)		7,070
			7.020 DEC 1 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10884 GANTRY STREE	
		BOCA RATON, FL 33428	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
			5
D. If amending the registered agent at new registered agent and/or the ne			me of the
Name of New Registered Agent	MANUEL FIGUEROA		
	10884 GANTRY STREE	T	
	(Florida)	treet address)	
New Registered Office Address:	BOCA RATON		. Florida 33428
		(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis	tered agosp. 1 am jamilia		ns of the position.
Check if applicable			
The amendment(s) is/are being filed p	oursuant to 8, 607,0120 (11) (e), F.S.	

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)

Example:

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; T = 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	l ²	PELAYTAY, ANTONIO	143 LAKE BARBARA DRIVE
Add			WEST PALM BEACH, FL 33411
X Remove			
2) Change	VP	REPETTO, AURORA	143 LAKE BARBARA DRIVE
Add			WEST PALM BEACH, FL 33411
X Remove	P	MANUEL FIGUEROA	10884 GANTRY STREET
XAdd			BOCA RATON, FL 33428
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N A	
F. It an amendment provides for an exchange, reclassification, or cancellation of	Filosoppia akan man
provisions for implementing the amendment if not contained in the amendm	ent itself:
(if not applicable, indicate N/A)	
N A	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
ino more th	an 90 days after amendment file dater
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recor	pplicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators action was not required.	, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes east for the amendment(s) was	sewere sufficient for approval
by	:
(voting group)	
	offichr - if directors or officers have not been in the bands of a receiver, trustee, or other court hary)
	ANTONIO PELAYTAY
(Typed or pri	nted name of person signing)
	PRESIDENT
(Title of perso	on signing)

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