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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	191045 Ca Name of Lim	pi fa LLC iled Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Danie	Name of Person	
	Unicus	Capital Ll Firm/Company	
	9 Mar	tin Circle	
	E. Hart	City/State and Zip Code Output Outpu	6118
	danie 16 E-mail address: (1	O UNICUS CAN I to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca		
Daniel Name o	n Varro	at (860) 796 Area Code Daytime	- 8959 Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 Alle 2

	-	27
unious a	Capital LLC	TALLAHASSEE, FLORIDA
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	rds) STATE
The Articles of Organization for this Limited Liab	ility Company were filed on <u>しんし</u>	//7 and assigned
Florida document number <u>L1700013</u>	<u> 333</u> 6	,
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	1,5	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	1	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>	Address	Type of Action
MGR	Daniel Navarro	2425 Presidential Way	- DAdd
		West Palm Beach FL 334	101 □ Remove
			☐ Change
			🗆 Add
			Remove
			Change
			□ Remove
			SIZ Chi sto e
			TALLAND SSEE FLORD
			TO Remode
			Contingue 2
			🗆 Remove
			Change
			🗀 Add
			Remove
			🗆 Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	THE BEST
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	The state of the s
_	<u> </u>
_	
an effect lote:	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	Signature of a member or parthorized representative of a member
	Menda Vila
	Signature of a member or authorized representative of a member
	Wendy Vila Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00