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Date: September 25, 2020

To: Florida Department of State

From: James E. Nevin

This is pursuant to request for return address and phone number outlined in the attached form.

Sincerely,

. . . . .

James E. Nevin IV.

8787 Marlamoor Lane

Palm Beach Gardens, FL 33412

Tel: 561-676-5521

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Unique Chemical Solutions LLC Name of Limited Liability Company	
Name of Limited Liability Company	and fee(s) are submitted for filing.  Training this matter to the following:  The man of Person  The man of
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James E. Nevin	
Name of Person	
Unique Chemical Solutions UC	
8787 Manlamoor Lane	
Address	
Palm Beach Gardens FZ 3341	2
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	
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P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unique Chemical Solutions, LLC.				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records. Liability Company)	)		
he Articles of Organization for this Limited Liability Company	and assigned			
lorida document number L20000116071				
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"			
inter new principal offices address, if applicable:		2020		
Principal office address MUST BE A STREET ADDRESS)		FE B		
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		SSE PH		
inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ie name of the new regist		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
<del></del>		ida		
	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 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	Christopher D. Shepherd	6572 Thorntree Drive	≣Add
		Brecksville, OH 44141	□Remove
			Change
AMBR	Susan A. Shepherd	6572 Thorntree Drive	<b>=</b> Add
		Brecksville, OH 44141	□Remove
		Brecksville, OH 44141  A. Shepherd  6572 Thorntree Drive	□Change
			□Add
			□Remove
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<b>Sote:</b> If the date inserted in this boocument's effective date on the D	lock does not:	meet the appl	icable statuto	ry filing requ	irements, this	date will no	t be liste	ed as
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record specifies a delayed effective	ve date, but no	t an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th	day after	r the
d is filed.								
September 21		2020						
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Typed or printed name of signee