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(Requestor's Name)				
(Address)				
(Address)				
- ,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

	istration S Ision of Co	ection rporations				
SUBJECT: Unique Cutz LLC						
Name of Limited Liability Company						
		f Amendment and fee(s) are su	-			
		v				
Alexander Sud-Rodriguez						
5424 west Atlantic Bivd						
Address						
			Margate, Fl. 33063			
	City/State and Zip Code					
			asud78@yahoo.com to be used for future annual report notifice			
				ation)		
For further in	itormation	concerning this matter, please	cali:			
		exander Sud		64-9981		
	Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a	check for	the following amount:				
□\$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	₹560.00 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		ration Section on of Corporations lox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unique Cutz LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
	Little Commence of Labor	May 22,2012	and assigned			
The Articles of Organization for this Limited Liz		Way 22,2012	and assigned			
Florida document numberL12000069						
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liability company he	<u>:re</u> : .				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "	LLC" or the abbreviation			
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
	↓					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:						
			12 FAL			
Name of New Registered Agent:	Alexander Sud-Rodriguez	<u>. </u>	SE -			
New Registered Office Address:	5424 West Atlantic Blvd		71L P 26			
Enter Florida street address						
	Margate	, Florida	∂0330€3 U			
	City		Zip Code>			
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered the provisions of all statutes relative to the pr accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this d	oper and complete performanc tered agent as provided for in C egistered office address, I herei	e of my duties, and I Chapter 608, F.S. Or,	am familiar with and if this document is			

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Address **Type of Action** Title · Name **MGRM Gregory Baez** 401 SW 86th AVE #201 ☐ Add Pembroke Pines, FL 33025 ✓ Remove ☐ Add Remove ☐ Add Remove Add Remove $\prod Add$ Remove ■Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The only person being removed from this company (Unique Cutz LLC) is the above name which is Mr. Gregory Baez. Everything else stays the same... Thank you September 1 Dated Signature of a member or authorized representative of a member Gregory Baez Typed or printed name of signee

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Filing Fee: \$25.00