L13000023602

(Requestor's Name)
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2
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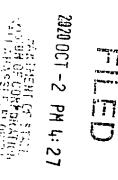
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
	ondence concerning this matter	-		
	REINAY ROSETE			
		Name of Person		
	UNIQUE CUSTOM FLO	ORS LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	10426 CRESTFIELD DR			
		Address		
	RIVERVIEW FL 33569			
		City/State and Zip Code		
	DONTAX@GMAIL.COM			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
REINAY ROSETE		813 503 7203		
Name o	of Person	at () Area Code Daytin	ne 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		Street Address: Registration Section		
Division of C	orporations	Division of Corporations		
P.O. Box 632		The Centre of T		
Tallahassee, I	r∟ 52514	2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIQUE CUSTOM FLOORS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 02/14/2013	and and gned
Florida document number 1.13000023602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	 .	
Enter new mailing address, if applicable:		<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office :	address on our records, enter t	the name of the new register
gent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
-	City	rida Zip Code

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	IDARMIS GARCIA	7422 THOMAS WAY TPA FL 33619	□∧dd
			≅ Remove
			□Add
			□Remove
			DChange
			□Add
			□Remove
			□Change
			🗆 Add
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effecti <u>e:</u> If	date, if other than we date is listed, the date the date inserted in the s effective date on the	must be specific a is block does no	and cannot be price the appl	icable statutory fi	(option more than 90 days after fi ling requirements, this c	ling) Pursuant to 605 0307
mea.			not an effective	time, at 12:01 a.r	n, on the earlier of; (b)	The 90th day after the
ad <u>O</u>	9/23/202	0		·		
	_/	14				

Typed or printed name of signee