

L14000003453

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000268429 3)))



H170002684293ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FOX ROTHSCHILD LLP  
Account Number : 1201300000024  
Phone : (215)290-2100  
Fax Number : (215)290-2150

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: vlagana@foxrothschild.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HIDDEN UNICORN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED  
2017 OCT 12 AM 10:51  
17 OCT 12 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten Signature]*  
10/12/17

FAX AUDIT #H17000268429 3

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIDDEN UNICORN, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VANESSA LAGANA

Name of Person

FOX ROTHSCHILD LLP

Firm/Company

2 S. BISCAYNE BLVD., SUITE 2750

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

VLAGANA@FOXROTHSCHILD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA LAGANA

Name of Person

at (305) 442-6544

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FAX AUDIT #H17000268429 3

ARTICLES OF AMENDMENT FAX AUDIT #H17000268429 3  
TO  
ARTICLES OF ORGANIZATION  
OF

HIDDEN UNICORN, LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 7, 2014 and assigned Florida document number L14000003453.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

400 Clematis Street, Suite 205  
West Palm Beach, FL 33401

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

400 Clematis Street, Suite 205  
West Palm Beach, FL 33401

FILED  
17 OCT 12 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

New Registered Office Address:

400 Clematis Street, Suite 205  
*Enter Florida street address*  
West Palm Beach, Florida 33401  
*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

FAX AUDIT #H17000268429 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Julie Kasle	400 S. Australian Avenue	<input type="checkbox"/> Add
		Suite 300	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33401	<input type="checkbox"/> Change
MGR	Rocco Mangel	400 Clematis Street, Suite 205	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FAX AUDIT #H17000268429 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Multiple horizontal dashed lines for amending information.

17 OCT 12 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b):  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Date October 11 2017

[Signature]  
Signature of a member or authorized representative of a member

Roses MANGEL  
Typed or printed name of signer