450000066

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			

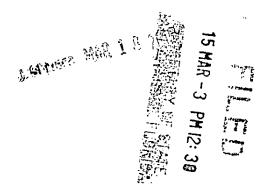
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Division of Cor		*				
UNLIKE	GLOBAL SOLUTIONS	LLC				
SUBJECT: Name of Limited Liability Company						
	Amendment and fee(s) are submodence concerning this matter					
	MARLING YOHANG	YS PEREZ				
	<u> </u>	Name of Person				
UNIKE GLOBAL SOLUTIONS						
	·····	Firm/Company				
	900 SW 8th STREE	Т				
Address						
	MIAMI FL 33130					
		City/State and Zip Code				
	riverar1824@gmail.c	OM to be used for future annual report notif	ication)			
For further information of	concerning this matter, please co	·	(Cattory)			
		at () Area Code Daytime				
Name (of Person	Area Code Daytime	: 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 (addutional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy)			

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

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document numberL15000006884	oany were filed on 01/13/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
UNIKE GLOBAL SOLUTIONS LLC		
The new name must be distinguishable and end with 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	2)	<u> پ</u>
		過過があ
		HAR Y
Enter new mailing address, if applicable:		70 1
(Mailing address MAY BE A POST OFFICE BOX)		Service Control
		E
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	ı
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

UNLIKE GLOBAL SOLUTIONS LLC

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 am inding the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Remove
			□ Add
			Remove HAR
			Ardul Para Bernove
			Bemove €
			Add
			Remove
			Remove

D.	If an	nending any other informat	ion, enter change(s) here: (Attach addit	tional sheets, if necessary.)
		3		
E.		ctive date, if other than the offective date must be specific, cannot late this document is filed by the Flo	date of filing: ot be prior to date of receipt or filed date and cannorida Department of State)	(optional) of be more than 90 days after
	Date	d FEBRUARY 26	, 2015	
		forling	Signature of a member or authorized representati	ve of a member
		MARLING YOHAN		
			Typed or printed name of signee	

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Filing Fee: \$25.00

