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(City/State/Zip/Phone #)

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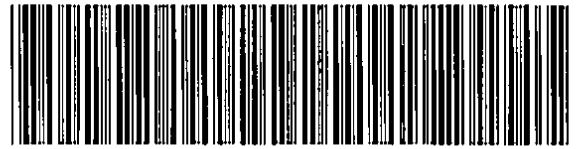
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**200329400492**

05/23/19--01011--020 \*\*25.00

FILED  
19 MAY 23 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 08 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNIK SOLUTIONS 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:

KEVAL KOTAK

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3145 CHESSINGTON DRIVE

\_\_\_\_\_  
Address

LAND O LAKES, FL 34638

\_\_\_\_\_  
City/State and Zip Code

KEVAL.KOTAK@GMAIL.COM

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

For further information concerning this matter, please call:

KEVAL KOTAK

408

665-2868

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UNIK SOLUTIONS 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 01/19/2016 and assigned  
Florida document number L16000012722.

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)

3145 CHESSINGTON DRIVE

LAND O LAKES FL 34638

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3145 CHESSINGTON DRIVE

LAND O LAKES FL 34638

**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:

KEVAL KOTAK

New Registered Office Address:

3145 CHESSINGTON DRIVE

*Enter Florida street address*

LAND O LAKES

*City*

Florida 34638

*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

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>
MGRM	VIKASH NAYEE	3145 CHESSINGTON DRIVE	<input type="checkbox"/> Add
		LAND O LAKES, FL 34638	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KEVAL KOTAK	3145 CHESSINGTON DRIVE	<input checked="" type="checkbox"/> Add
		LAND O LAKES, FL 34638	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED  
19 MAY 23 PM 12:07  
SECRETARY OF JUDGE  
TALLAHASSEE, FLORIDA

FILED  
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DEPARTMENT OF HAD  
TALLAHASSEE, FLORIDA

(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)

(b) The 90th day after the record is filed.

Dated MAY 21ST, 2019



Signature of a member or authorized representative of a member

KEVAL KOTAK

Typed or printed name of signee