

L17000035767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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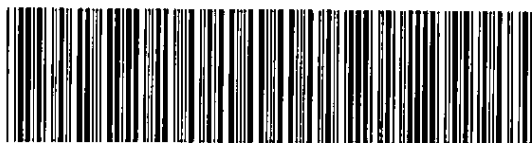
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

AUG 13 2019

T. SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNQUERWARDS 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:

ELDAR RAKHAMIMOV EA CAA

Name of Person

EXCEPTIONAL TAX & ACCOUNTING SERVICES LLC

Firm/Company

1825 CONEY ISLAND AVENUE, 2ND FLOOR

Address

BROOKLYN, NY 11230

City/State and Zip Code

ELDAR@EXCTAXSERVICES.COM

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

For further information concerning this matter, please call:

ELDAR RAKHAMIMOV

718 285-9533
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**

UNIQUEREWARDS 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 02/14/2017 and assigned
Florida document number L17000035767.

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)

7901 4TH STREET NORTH

STE 300

ST. PETERSBURG, FL 33702

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 4TH STREET NORTH

STE 300

ST. PETERSBURG, FL 33702

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:

Enter Florida street address

Florida

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

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	OLEG GRADEL	157A-7 LENINA STREET	<input type="checkbox"/> Add
		GORIACHII KLYCH	<input checked="" type="checkbox"/> Remove
		MOSCOW RUSSIA	<input type="checkbox"/> Change
AMBR	SVIATOSLAV ILITCHEV	3901 NOSTRAND AVE APT 5B	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11235	<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

FILED
1 AUG 6 11:11
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

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10 AUG -6 AM 11:1
STATIONERY PLAT
FALL ARREST FOR


FILED
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FBI LOS ANGELES
FBI MEMPHIS
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FBI YAKIMA

7/30/2019

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.

Dated 07/30 2019

30 _____, 201 _____



Signature of a member

Signature of a member or authorized representative of a member

SVIATOSLAV ILITCHEV

Typed or printed name of signee