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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

	egistration Section vision of Corporations	
CUD ID CT	Unique Property Masters, LLC	
SUBJECT:	Name of Limited Liability Comp	pany
The enclose	ed Articles of Amendment and fee(s) are submitted for filing.	
Please return	rn all correspondence concerning this matter to the following:	
	Angel E Velez	
	Name of Per	erson
	Unique Property Masters, LLC	
	Firm/Comp.	pany
	6120 NW 22nd. Street	
	Address	s
	Margate, Florida 33063	
	City/State and Z	Zip Code
	Autobox69@yahoo.com	
	E-mail address: (to be used for future	re annual report notification)
For further i	information concerning this matter, please call:	
Angel E Ve	elez 786 at (740-6177
	Name of Person Area Co	Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$25.00	Certificate of Status Certified C	

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**

Unique Property Masters, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our r mited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	npany were filed on <u>4/17/2017</u>	and assigned
Florida document number 17000085514		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	18 ALE
		APR
		ASSEE I
Enter new mailing address, if applicable:		A EEO
(Mailing address MAY BE A POST OFFICE BOX)		19 CV
		30 RID
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		cords, enter the name of the ne
registered agent and/or the new registered office address	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street (address
	City	_, Florida
New Registered Agent's Signature, if changing Registered A	·	- <i>r</i>

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>	Address	Type of Action
Vice	Alexis Pratts	2500 east 13 street	Add
		Lehigh Acres, Fl. 33972	Remove
			Change
			
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(If an effective de Note: If the co	if other than the date of filing: 4-2-2018 (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put e inserted in this block does not meet the applicable statutory filing requirements, this date will ctive date on the Department of State's records.	
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on an after the record is filed.	the earlier of:
Dated April 1	2018	
	Signature of a member or authorized representative of a member	
۷.	el E Velez	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00