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COVER LETTER

	Registration Sec Division of Corp		•	
SUBJEC'	UNIK TITLI	E LLC		
OBJEC	••	Name of Limi	ted Liability Company	
The enclo	sed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
		Lynette	Quinones	
			TiHe LUC Firm/Company	
			Stratford Pa	
		Orlando	FL. 328	32
		Lynette E-prail address: (1	FL. 328. City/State and Zip Code. City/State and Zip Code. City/State and Zip Code. Code unik+1+1	e. com
For furthe	r information co	neerning this matter, please ca		
LYNETT	E QUINONES		321 299-40- at () Area Code	46
	Name of	Person	Area Code Di	aytime Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc

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

TO ARTICLES OF ORGANIZATION

3.3

OF

UNIK TITLE LLC		۴-
(Name of the Limited Li	ability Company as it now appears on our records.) orida Limited Liability Company)	=
(A Fl	orida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liabili	ty Company were filed on 04/29/2018	a
Florida document number 180000112738		ro .
riorida document numoer	·	<u>-</u>
This amendment is submitted to amend the following	g:	Carlos.
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	he abbreviat
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>en</u> <u>address here</u> :	<u>ter the n</u>
Name of New Registered Agent:	. <u> </u>	
New Registered Office Address:	<u></u>	
	Enter Florida street address	
_	, Florida	1
	City	Zip
New Registered Agent's Signature, if changing Regist	tered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provisions of all statutes relative to the proper and complete performance of my duties, and I am familie accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited t company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Tvp</u>
MNG	JAZMIN VAZQUEZ	5971 TIVOLI GARDEN BLVD	
		ORLANDO, FL 32829	U
			
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. Effect	ive date, if other than the date of filing: (optional)
(If an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no
docun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the
b) the	90th day after the record is filed.
Dated	September 13. 2019
	Signature of a member or authorized representative of a member
	Lynette Quiñores
	Typed or printed name of signee

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Filing Fee: \$25.00