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(((H20000194662 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059 Phone : (727)362-6151

Fax Number : (727)362-6131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: admin@elattomeys.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIQUE WEALTH, LLC

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From: William Lazenby

Fax: 17273626151

To:

Fax: (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2529 JULI 24 AU 7: 50

UNIQUE WEALTH, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)	
The Articles of Organization for this Limited Liability Company wer	re filed on <u>06/19/2018</u>	and assigned
Florida document number 1.18000150457		
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 ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	гар Code
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provising filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	formance of my duties, and I am j vided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Fax: (850) 617-6383

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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 H20000194662 3

<u>Title</u>	Name	Address 2020 JUL 24 7.11	7: 5(Type of Action
MGR	CURTIS H. PARRY, JR.	2704 W. FOUNTAIN BLVD.	□Add
		TAMPA, FL 33609	■Remove
MGR	PATRICIA MARY PARRY	2704 W. FOUNTAIN BLVD.	= Add
		TAMPA, FL 33609	□Remove
			Change
			DbA
			□Remove
			□Change
			🗆 Add
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To.

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ective date, if other than the date of filing: _ effective date is listed, the date must be specific and can	About the COline and the Coline	(optional)
e: If the date inserted in this block does not meet	ic applicable statutory filing requir	ements, this date will not be listed
ument's effective date on the Department of State	records.	•
cord specifies a delayed effective date, but not an	fective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after th
s filed.		
June 23	30	
ad	······································	
1 .	//~~	
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Signature of a mem	r or authorized representative of a mer	nber