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(Req	uestor's Name)	<u>-</u>
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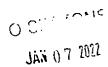
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COVER LETTER

	egistration S ivision of Co			•	•
STID INCOM	J UNIQUE	DESIGN AND CONSTRUC	TION LLC		•
SUBJECT	•	Name of Lin	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please retur	rn all correspo	ondence concerning this matter	to the following:		
		JAVIER GONZALEZ			
			Name of Person		
		J UNIQUE DESIGN AND	CONSTRUCTION LLC		
			Firm/Company		
		601 S FRANCISCO ST U	NIT A		
			Address		
		CLEWISTON FL 33440			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report not	fication)	
For further	information c	oncerning this matter, please c	all:		
JAVIER GO	ONZALEZ		239 204-8080		
	Name o	f Person	at ()	ac Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate o Certified Copy (additional copy	f Status & PY
	uling Addres gistration S		<u>Street Address:</u> Registration Sec	ction	
Di	vision of C	orporations	Division of Cor		
	O. Box 632		The Centre of T		
Ta	llahassee, F	L 32314	2415 N. Monro	e Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED OF

2021 DEC 20 AM 6: 56

SECRETARY OF

J UNIQUE DESIGN AND CONSTRUCTION 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

[1.18000180739]

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]

Enter new mailing address, if applicable:

[Mailing address MAY BE A POST OFFICE BOX]

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_____, Florida ____

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

FILED

Title	<u>Name</u>	Address 2021 DEC 20 AM 6: 56	Type of Action
MGR	JAVIER GONZALEZ	601 S FRANSISCO ST STATE TALLAHASSEE, FL	
		CLEWISTON FL 33440	
			□Change
MGR ·——	MYRIAM LARRINUA	601 S FRANSISCO ST UNIT A	□ Add
		CLEWISTON FL 33440	≣Remove
			□Change
			_ □Add
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			_ 🗀 Add
			_ □Remove

	2021 DEC 20 AM 6: 57
	SECRETARY OF STATE
-	TALLAHASSEE, FL
ive date, if other than the date of filing:ective date is listed, the date must be specific and cann. If the date inserted in this block does not meet ent's effective date on the Department of State'	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the applicable statutory filing requirements, this date will not be listed as records.
d specifies a delayed effective date, but not an eed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
DECEMBER 15 20	21
Signature of a memb	er or authorized representative of a member