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COVER LETTER

	gistration Section of Cor			
SHD IECT.	UNIMET 9			
SUBJECT			ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		YAN VALDES		
			Name of Person	
		VALDES CPA & ADVISO	ORS, P.A.	
			Firm/Company	
		848 BRICKELL AVE, SU	HTE 625	
			Address	
		MIAMI, FL 33131		
			City/State and Zip Code	
		yvaldes@valdescpa.com		
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	all:	
YAN VALI	DES		at () 517-3309 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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

UNIMET 9125, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	nipany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Torida document number $\frac{1.18000245070}{1.18000245070}$	any were filed on 10/18/2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	iability 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	<u> </u>	40. 53
		- 1019
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ν-
		75 -
3. If amending the registered agent and/or registere		enter the name of the
egistered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
MGR	JOSE LUIS GONZALEZ QUIROZ	C/O 848 BRICKELL AVE, SUITE 625, MIAMI, FL 33131	Add
			□ Remove
			Change
MGR	MARTA CAROLINA APITZ DE GONZALEZ	C/O 848 BRICKELL AVE. SUITE 625, MIAMI, FL 33131	Add
			■ Remove
			□ Change
MGR	MAYKOL SANCHEZ	9735 FOUNTAINBLEU BLVD G210, MIAMI, FL, 33172, UN	
			Remove
			Change
			□ Remove
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lote: If the dat	if other than the is listed, the date mus e inserted in this bl ctive date on the D	očk does not n	neet the applica	o date of filing or r ble statutory filin	(op) now than 90 days aften ng requirements, th	ional) er filing.) Pursuant i is date will not b	to 605.020 e listed as
	cifies a delayed ay after the rec			an effective	time, at 12:01	a.m. on the ϵ	earlier o
JUNE 21			2019	/1			
			1	4/1			
		Signature of a	member or autho	rized representativ	e of a member		

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Filing Fee: \$25.00