

9/25/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000334468 3)))



H200003344683ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP  
Account Number : I20190000058  
Phone : (407)326-8484  
Fax Number : (407)604-6519

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

Email Address: adm@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UNIQUE BUSINESS & INVESTMENTS LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$30.00 |

Y. SHILKER

SEP 25 2020

Electronic Filing Menu

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** UNIQUE BUSINESS & INVESTMENTS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUBEN SOUZA

Name of Person

MEDEIROS SOUZA CORP

Firm/Company

845 N GARLAND AVE, STE 100

Address

ORLANDO, FL 32801

City/State and Zip Code

ruben@medeirosouza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN SOUZA

407 326-8484  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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>             | <u>Address</u>              | <u>Type of Action</u>                      |
|--------------|-------------------------|-----------------------------|--|
| AMBR         | POWER AMERICA TECHNOLOG | 4700 MILLENIA BLVD, STE 175 | <input type="checkbox"/> Add               |
|              | TECHNOLOGY LLC          | ORLANDO, FL 32839           | <input checked="" type="checkbox"/> Remove |
|              |                         |                             | <input type="checkbox"/> Change            |
| AMBR         | AUGUSTO CABRAL          | 845 N GARLAND AVE, STE 100C | <input checked="" type="checkbox"/> Add    |
|              |                         | ORLANDO, FL 32801           | <input type="checkbox"/> Remove            |
|              |                         |                             | <input type="checkbox"/> Change            |
|              |                         |                             | <input type="checkbox"/> Add               |
|              |                         |                             | <input type="checkbox"/> Remove            |
|              |                         |                             | <input type="checkbox"/> Change            |
|              |                         |                             | <input type="checkbox"/> Add               |
|              |                         |                             | <input type="checkbox"/> Remove            |
|              |                         |                             | <input type="checkbox"/> Change            |
|              |                         |                             | <input type="checkbox"/> Add               |
|              |                         |                             | <input type="checkbox"/> Remove            |
|              |                         |                             | <input type="checkbox"/> Change            |
|              |                         |                             | <input type="checkbox"/> Add               |
|              |                         |                             | <input type="checkbox"/> Remove            |
|              |                         |                             | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: 09/25/2020 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 25, 2020

Signature of a member or authorized representative of a member

RUBEN SOUZA, AUTHORIZE REPRESENTATIVE

Typed or printed name of signee

**Filing Fee: \$25.00**