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## **COVER LETTER**

LLC			
Name of Limit	ed Liability Company	<del></del>	
mendment and fee(s) are subn	nitted for filing.		
RALF F. HEYER, EA			
	Name of Person		
STANFORD ENTITY MA	NANGEMENT LLC		
	Firm/Company		
2655 S LE JEUNE RD, ST	E PHI-E		
	Address		
CORAL GABLES, FL 331	34		
	City/State and Zip Code	<del>-</del>	
_		natification)	
· ·	786 693-9358		
Person	at () Area Code Day	time Telephone Number	
S30.00 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)	
	Straat Addrass		
ction	Registration	Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	Name of Limit mendment and fee(s) are submedence concerning this matter to RALF F. HEYER, EA  STANFORD ENTITY MA  2655 S LE JEUNE RD, ST  CORAL GABLES, FL 331  SUPPORT@HEYERINC.Co E-mail address: (to cerning this matter, please ca  ferson  following amount:  \$\sum_{\text{S30.00 Filing Fee & Certificate of Status}}  ction	Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  lence concerning this matter to the following:  RALF F. HEYER, EA    Name of Person	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RINITE IT LLC	s as it now unnears on our records )	<del></del>
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company vi	vere filed on <u>02/08/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
YOUnique Gifts LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	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 a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records, <u>enter tl</u> Enter Florida street address	
		•
	, Flor	zip Code
New Registered Agent's Signature, if changing Registered Agent:	Chy	
New Registered Agent's Signature, it changing Registered Agent.		
I hereby accept the appointment as registered agent and agree		;

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
			□Add
			□Remove
			Change
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Effect	ive date, if other than the date of filing:
If an eft Note:	ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 1
docum	ent's effective date on the Department of State's records.
e recor	d 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
ord is fi	
Dated	1600/4/8
	Signature of a niember or authorized representative of a member
	organistic or a memory or authorized representative or a memor
	NICOLETTE ALI-ELLIOTT
	Typed or printed name of signee