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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

IGITAL LLC	,					
SUBJECT: Name of Limited Liability Company						
*Amendment and fee(s) are sul	hmitted for filing					
	_					
CRISTIAN DILUZIO						
	Name of Person					
UNICO DIGITAL LLC						
	Firm/Company					
1161 SWAN AVENUE						
	Address					
MIAMI SPRINGS FL 331	66					
CDISTIANUM UZIOGADO	City/State and Zip Code	 -				
		tilication)				
	•					
	305 4318808					
of Person		ne Telephone Number				
he following amount:						
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address: Registration Section		etion				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	Amendment and fee(s) are substituted and fee(s)	Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: CRISTIAN DILUZIO Name of Person UNICO DIGITAL LLC Firm/Company H161 SWAN AVENUE Address MIAMI SPRINGS FL 33166 City/State and Zip Code CRISTIANDILUZIO@HOTMAIL.COM E-mail address: tto be used for future annual report no concerning this matter, please call: OPErson Area Code S55.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Section Origonations Opionations Street Address: Registration Scorporations Opivision of Control of Contr				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ==

FUED

UNICO DIGITAL LLC

(Name of the Limited Liability Company as it now appears bit our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited I	inhility Company were filed on 0 ?	LECRE IN A MICE STATE -09F2021.A Fine SEE, FU and assigned
	maining company were med on	and assigned
Florida document number L21000113081	··	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :
UNICO SOLUTIONS LLC		
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 appli	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or		records, enter the name of the new registered
agent and/or the new registered office addre		ecords, enter the name of the new registered
Name of New Registered Agent:	GISELA DI LUZIO	
New Registered Office Address:	1161 SWAN AVENUE	
	Emer Flo	rida strect address
	MAMI SPRINGS	, Florida <u>33166</u>
	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	PATRICIA TAMBASCIA	1161 SWAN AVENUE	≣ Add
		MIAMI SPRINGS FL 33166	5 0
			□Change
			□Add
			□Remove
		□Change	
	-		
			□Remove
		□Change	
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
		□ Add	
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (08-01-2022) (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 ____AUGUST_IST Signature of a member or authorized representative of a member

Typed or printed name of signee

CRISTIAN DI LUZIO