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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIQUE PATH LLC

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ARTICLES OF AMENDMENT TO TO TO ARTICLES OF ORGANIZATION OF

UNIOUË PATH 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 $\underline{04/20/2021}$ ____ and assigned Florida document number L21000191887 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Unique Path Living Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7901 4th St N STE 300 Enter new principal offices address, if applicable: St. Petersburg, FL 33702 (Principal office address MUST BE A STREET ADDRESS) 7901 4th St N STE 300 Enter new mailing address, if applicable: St. Petersburg, FL 33702 (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: Northwest Registered Agent LLC Name of New Registered Agent: 7901 4th St NSTE 300 New Registered Office Address: Enter Florida street 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 defiment 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.

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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jada Fears	7901 4th St N STE 300	⊠ Add
		St. Petersburg, FL 33702	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			DAdd
			Remove
			□Change
			□Add
			Remove
			□Change

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ffective date, if other than the data an effective date is listed, the date must be some. If the date inserted in this block ocument's effective date on the Department.	does not meet the applicable s	e of filing or more than 90 day statutory filing requiremen	(optional) /s after filing.) Pursuant to 605. ts, this date will not be liste	.0207 ed as :
record specifies a delayed effective da Lis filed.	ate, but not an effective time, a	t 12:01 a.m. on the earlier	of: (b) The 90th day after	the
October 28	. 2022			
October 28				
	nature of a member or authorized	We-		

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Filing Fee: \$25.00