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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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O SIMMONS SEP 2 9 2021

## **COVER LETTER**

		ORPORATION LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of i	Amendment and fee(s) are subt	mitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Lilian Sanchez		
			Name of Person	
			Firm/Company	
		285 NE 42 street		
			Address	
		Pompano Beach Fl 33064		
			City/State and Zip Code	
		UNIQUECORPORATION	LLC@GMAIL.COM to be used for future annual report	
For further i	nformation c	e-mail address: 0		notheattory
Lilian Sanc			754 2132281	
	Name o	f Person	at () Area Code Day	rtime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	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)
	ailing Addres		Street Address Registration	
		Corporations		Corporations

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

Registration Section Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

221 SEP 20 PN 5: 12

If Changing Registered Agent, Signature of New Registered Agent

UNIQUE CORPORATION 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 Liab	bility Company were filed on	08/03/2021	and assigned
Florida document number L21000348670	<u> </u>		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability compan	y here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," t	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or reg	gistered office address on o	ur records, enter the	name of the new registered
agent and/or the new registered office address	-		
Name of New Registered Agent:			
New Registered Office Address:		-	
		Florida street address	
	City	, Floric	da Zip Code
New Registered Agent's Signature, if changing Re	•		лу Соме
		hia amanaien I Greek	ar appear to comply with the
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this contains.	r and complete performance ered agent as provided for egistered office address, I h	e of my duties, and i in Chapter 605, F.S	I am familiar with and 5. Or, if this document is
company has been notified in writing of this c	munge.		

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 20 PH 5: 12	Type of Action
MGR	Lilian Sanchez	285 NE 42 ST POMPANO BEACH FL 33064	<b>=</b> Add
			□Remove
		<u></u>	□Change
AMBR	Ana Victoria Hernandez	5239 NE 16th Avenue, Pompano Beach Fl 33064	<b>=</b> Add
			□ Remove
			Change
			□Remove
			□Change
			□Add
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Note: If the d	e, if other than the is listed, the date nate inserted in this fective date on the	block does not me	et the applica	to date of filing or	more than 90 day ing requiremen	(optional) is after filing.) Puts. this date will	suant to 605.0207 ( not be listed as t
e record speciford is filed.	ies a delayed effec	tive date, but not a	n effective tir	me, at 12:01 a.r	n. on the earlier	of: (b) The 90	th day after the
Dated <u> </u>	1-10-2 Ziu	in Sar-el Signature of a mo	Anther or autho	rized representat	ive of a member		

Filing Fee: \$25.00