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(Requestor's Name)	_		
(Address)	_		
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(Address)			
(City/State/Zip/Phone #)	_		
(Only/State/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	_		
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Special Instructions to Filing Officer:			
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BCB UNIQUE VENTURE, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name To the Control of the Control o	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: Registration O	on Section f Corporations		
BCB SUBJECT:	UNIQUE VENTURE, LLC		
	1	Name of Limited Liab	ility Company
Dear Sir or Madam	:		
The enclosed States	ment of Correction and fee(s) ar	e submitted for filing	
Please return all coi	rrespondence concerning this m	atter to the following:	
	BRENDAN BOYLE		
	Name of Person		-
	Firm/Company		_
	2708 N FEDERAL HWY		
	Address		<u>.</u>
	DELRAY BEACH, FL 33483		
	City/State and Zip Code		_
bre	ndan@southhaveninvestments.	com	
E-mail addres	ss: (to be used for future annual	report notification)	-
For further informa	tion concerning this matter, ple	ase call:	
BRENDAN BOYI	LE	561 at (504-3717
1	Name of Person	Area Code	Daytime Telephone Number
Division P.O. Box	tion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a chec	k for the following amount:		
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. BCB UNIQUE VENTURE, LLC **FIRST**: The name of the limited liability company is: SECOND: The Florida Document number of the limited liability company is: DETAIL BY ENTITY THIRD: Document to be corrected is:_ (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected X statement are as follows: The two (2) manager names only need to be changed as indicated below: From: Katherine Orthwein To: Katherine Busch Orthwein Revocable Trust From: Brendan Boyle To: North Haven Investment Group, LLC <u>OR</u> O Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Ω R The electronic transmission of the record was defective. 9/10/2021 Brendan Bayle Signature of Authorized Representative Date Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)