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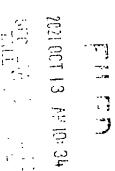
(Requestor's Name)				
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Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	CT:	UNI.	UCKY LLC		
2,4,130.12	Name of Limited Liability Company				
The enc	losed Articles of a	Amendment and fee(s) are subt	nitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		Casey O Smith			
			Name of Person		
			UNLUCKY LLC		
			Firm/Company		
		J	1100 Brickell Bay Dr. #65d		
	Address				
			Miami, FL. 33131		
			City/State and Zip Code	<u></u>	
	292 :				
		E-mail address: (to be used for future annual repor	t notification)	
For fur	ther information c	oncerning this matter, please co	all:		ે. ં —ને જુર
	Caser	O Smith	. (230)	288-8157	
Casey O Smith Name of Person			at (<u>239</u>) Area Code D	aytime Telephone Number	:
					2021 OCT 13 #**10: 34
Enclose	ed is a check for th	ne following amount:			. , —
N \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy taddinonal copy is enclosed		of Status &
	Mailing Addres Registration 5 Division of C P.O. Box 632	Section Corporations			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		UNLUCKY ELC			
- (Name of the Limited Liability (A Florida)	Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization to	or this Limited Liability Co	ompany were filed on	August 31, 2021	and assig	ened
Florida document number	1.21000389471				,
This amendment is submitted to					
	-				
A. If amending name, enter t	the new name of the limit	ed liability company her	' <u>e</u> :		
The new name taust be distinguishab	de and contain the words "Limit	ted Liability Company," the de-	signation "LLC" or the a	bbreviation "L.L.	
Paramananianiani officer o	ddawy if annliaghle.	- , ,			
Enter new principal offices a					
(Principal office address MUS	T BE A STREET ADDRI	<u>ESS)</u>			
				<u> 크 </u>	
					1 }
Enter new mailing address, if	f applicable:			·	ده هيئات
(Mailing address MAY BE A)	• •				
mang u aness terr post	001 (3111022 2010)				
				1. 1.	· · · · · ·
B. If amending the registered	d agant and/or registered	office address on our re	cords antar the nam	i	
agent and/or the new register		office address on our re	cords, enter the han	ne or me new	registered
agent and the tree of the tree					
Name of New Registe	arad Augus				
Name of New Registe	ered Agent.	<u> </u>			
New Registered Office	ce Address:				
		Enter Flori	da street address		
			, Florida	_	
		City		Zip Code	
New Registered Agent's Signat	ure, if changing Registered	l 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>	Name	Address		Type of Action
AMBR	Casey O Smith		1100 Brickell Bay Dr. #65d Miami, FL. 33131	≥ Add
				🗆 Remove
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(It'an effective Note: If the	ate, if other than the date of date is listed, the date must be speci date inserted in this block does effective date on the Departmen	lic and cannot be prior to date s not meet the applicable s	of filing or more than 90 days ; tatutory filing requirements.	this date will not be listed	07 (3)(b) as the
f the record spececord is filed.	cifies a delayed effective date, b	ut not an effective time, a	12:01 a.m. on the earlier of	î: (b) - The 90th day after th	10
Dated	September 17	2021 .			
		Congri	ivis .		
_	Signatur	e of a member or authorized	representative of a member		
		0.00	54		
_		Casey O Si Typed or printed nan			

Filing Fee: \$25.00