## K22600074144

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(Do	cument Number)	
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## **COVER LETTER**

CUDIDAT	Unlimited R	tesolve LLC		
SUBJECT:	<del></del>	Name of Lim	ited Liability Company	***
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lillian Abreu		
		· · ·	Name of Person	<del></del>
		Unilimited Resolve LLC		
			Firm/Company	<del></del>
		425 NE 114 Street		
		<u> </u>	Address	
		Miami, FL 33 <del>26</del> 1		
			City/State and Zip Code	
		laa555@aol.com	16.6.	<i>6</i>
			to be used for future annual report noti	ncation)
For further in	iformation co	oncerning this matter, please ca	all:	
Lillian Abreu	1		305 781 6018 at ( )	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≡</b> \$25.00 F	iling 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)
	ling Address distration S		Street Address: Registration Sec	ction

Registration Section Division of Corporations

Registration Section

**Division of Corporations** 

TO:

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Unlimited Resolve LLC (Name of the Limited Liability Company as it now appears on our records.)

(,	Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liab Florida document number <u>L22000074149</u>		were filed on 2/14/2	2022	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of t	he limited liab	oility company here	•	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicat	le:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or regagent and/or the new registered office address	istered office	address on our reco	ords, enter the nan	ne of the new registe
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida	street address	
			Flanida	
		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	<b>:</b>		

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
Manager	Lillian Abreu	425 NE 114 Street, Miami, FL 33161	□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
		Change role from President to Manager	
<del> </del>			□Add
		<u></u>	□Remove
			Change
<u></u>		<del></del>	□ Add
			□Remove
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ffective date, if other than the	date of filing: 05/02/2022	(optic	onal)
	t be specific and cannot be prior to date ock does not meet the applicable sta		
ocument's effective date on the D		natory ming requirements, mi	tate will not be listed as
record specifies a delayed effective	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b	) The 90th day after the
is filed.		,	•
	<u> </u>		
May 2	2022		
ated May 2			
ated	, 2022		
ated May 2	Signature of a member of authorized re	· · · · · · · · · · · · · · · · · · ·	
ated May 2		· · · · · · · · · · · · · · · · · · ·	)