

# L22000098188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

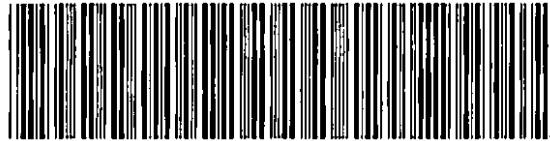
(Business Entity Name)

(Document Number)

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RECEIVED  
TALLAHASSEE, FLORIDA

2023 DEC 28 AM 10:29

TALLAHASSEE, FL

2023 DEC 28 AM 11:54

FILED

A. BUTLER  
DEC 28 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** YUnique Insurance Solutions, LLC.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Johnny Graham

\_\_\_\_\_  
Name of Person

YUnique Insurance Solutions, LLC

\_\_\_\_\_  
Firm/Company

2343 Crawfordville HWY Suite 107 #143

\_\_\_\_\_  
Address

Crawfordville, FL 32327

\_\_\_\_\_  
City/State and Zip Code

yibagents@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny Graham

888

815-7243

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

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**

**FILED**  
2023 DEC 28 AM 11:54  
S. J. ... STATE  
T. ... FL

YOUUnique Insurance Solutions, 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 2/24/2022 and assigned  
Florida document number L22000098188.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2343 Crawfordville Hwy Suite 107 #143

**(Principal office address MUST BE A STREET ADDRESS)**

Crawfordville, FL 32327

**Enter new mailing address, if applicable:**

2343 Crawfordville Hwy Suite 107 #143

**(Mailing address MAY BE A POST OFFICE BOX)**

Crawfordville, FL 32327

**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:**

Name of New Registered Agent:

Johnny Graham

New Registered Office Address:

2343 Crawfordville Hwy Suite 107 #143

*Enter Florida street address*

Crawfordville

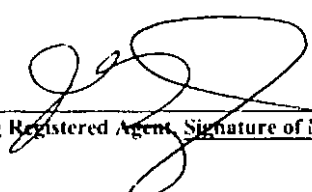
Florida 32327

*City*

*Zip Code*

**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.*

  
**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Johnny Graham	2343 Crawfordville Hwy Suite 107 #143	<input type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Ethan Graham	2343 Crawfordville Hwy Suite 107 #143	<input type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Evan Graham	2343 Crawfordville Hwy Suite 107 #143	<input type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Johnny Graham	2343 Crawfordville Hwy Suite 107 #143	<input type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Ethan Graham	2343 Crawfordville Hwy Suite 107 #143	<input type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Evan Graham	2343 Crawfordville Hwy Suite 107 #143	<input type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Please remove Katrina Anderson from YOUNique Insurance Solutions, LLC (Document Number L22000098188)

[illegible]

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 27, 2023

~~Signature of a member or authorized representative of a member~~

## Johnny Graham

Typed or printed name of signee

**Filing Fee: \$25.00**