## L22000234331

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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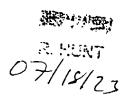
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## **COVER LETTER**

TO:	Registration Section Division of Corpofations		a e e e e e e e e e e e e e e e e e e e	· · · · · ·
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SUBJE	<sub>СТ:</sub> _ <u>U:^ì</u>	CO CX LL		·
		Name of Lit	mited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please r	eturn all correspo	ondence concerning this matte	r to the following:	
		Cristian	6. Carreno	
		Unico C		
			Firm/Company	e le
		20230 NE	3rd CT Apt	2 = = = :
			City/State and Zip Code Carren O @ Unicoc (to be used for future annual report no	
For furt	ner information c	oncerning this matter, please of	call:	
C	ristian	Correno	<sub>47</sub> , 786, 505	5 00 17
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	d 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)	S \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	

Registration Section
Division of Corporations
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

Unico CX LL	$\mathcal{L}$
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000234331</u> .	were filed on May 19, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	20230 NE 3rd CT Apt. 2 North Miami Beach, FL 33179
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20230 NE 3rd CT Apt. 2 North Miami Beach, FL 33179
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	2023
New Registered Office Address:	Enter Florida street address

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.

New Registered Agent's Signature, if changing Registered Agent:

City

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
AMBR	Cristian G. Correno	20230 NB 3rd CT APT 2	□Add
		Morth Miami Beach, FL331	179 Remove
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date w	rursuant to 605.0 fill not be listed
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a is filed.	.m. on the earlier of: (b) The	90th day after t
ted JUH 15 2023		
Carlo.		
Signature of a member or authorized represent		

Filing Fee: \$25.00