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COVER LETTER

P.O. Box 6327

Tallahassec, 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

Unique Renta	ls Solutions		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company version of Company versio	vere filed on 08/23/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	24		
Enter new mailing address, if applicable:	5832 Liska Dr		
(Mailing address MAY BE A POST OFFICE BOX)	JUCKSUIVIIC FL JOSTI		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
·	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	verformance of my duties, and I am familiar with and voided for in Chapter 605, F.S. Or, if this document is		

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 Title Name <u>Address</u> Type of Action Alberto Delgado 5832 Liska Dr

Jackson ville FL 32244		
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