## L22000391176

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
|   |  |  |  |
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

| CHD IFCT.   | Unique Flare, LLO                 | Ω.   |  |
|---|-----------------------------------|--|--|
| SUBJECT:  |                                   | nited Liability Company  |  |
| The enclosed Articles o   | f Amendment and fee(s) are su     | bmitted for filing.  |  |
| Please return all corresp   | ondence concerning this matte     | r to the following:  |  |
|   |                                   | Nelson Osceola  Name of Person   | <del></del>  |
|   |                                   | Unique Flare , LLC   |  |
|   |                                   | Firm/Company   |  |
|   |                                   | 4461 SW 24th Ave   |  |
|   |                                   | Fort Lauderdale, FL 33312  | 2022<br>SEC<br>T.  |
|   |                                   | City/State and Zip Code  | 70 NO.   |
|   | E-mail address:                   | Uniqueflarellc@gmail.com<br>(to be used for future annual report noti  | fication)  |
| For further information   | concerning this matter, please of | call:  | SECRETARY OF TALL AND THE OF TRALL AND THE AND |
|   | on Osceola<br>of Person           | at ( <u>954</u> ) <u>880-4</u> Area Code Daytim  | 499 P  |
| Enclosed is a check for   | the following amount:             |  |  |
| □ \$25.00 Filing Fee  |                                   | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)   |
| Mailing Addre<br>Registration<br>Division of O<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27     | Street Address:<br>Registration Se<br>Division of Cor<br>The Centre of T<br>2415 N. Monro<br>Tallahassee, FL | porations<br>Callahassee<br>e Street, Suite 810  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Unique F   | lare , LLC                                     |                           |                         |
|--|--|---------------------------|-------------------------|
| ( <u>Name of the Limited Liability Com</u><br>(A Florida Limite                        | pany as it now appears<br>d Liability Company) | on our records.)          | ·· <del>·········</del> |
| he Articles of Organization for this Limited Liability Compar                          | ny were filed on                               | 09/07/2022                | and assigned            |
| lorida document number L22000391176  |  |                           |                         |
| his amendment is submitted to amend the following:                                     |  |                           |                         |
| a. If amending name, enter the new name of the limited lia                             | ability company her                            | r <u>e</u> :              |                         |
| he new name must be distinguishable and contain the words "Limited Lia                 | bility Company," the de                        | signation "LLC" or the at | obreviation "L.L.C."    |
| er new principal offices address, if applicable:  4461 SW 24th Ave Fort Lauderdale, FL |  | dale, FL 33312            |                         |
| Principal office address MUST BE A STREET ADDRESS)                                     |  |                           |                         |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)   | 4461 SW 24                                     | th Ave Fort Laude         | rdale, FL 33312         |
|  |  |                           | A An                    |
| 3. If amending the registered agent and/or registered office                           | e address on our re                            | carde enter the nam       | T                       |
| gent and/or the new registered office address here:                                    | c address on our re                            | cords, enter the nam      |                         |
|  |  | ;                         | 10 th                   |
| Name of New Registered Agent:  |  |                           |                         |
| New Registered Office Address:   | Enter Chari                                    | da street address         |                         |
|  | enter Florid                                   |                           |                         |
|  | City   | , Florida                 | Zin 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 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     |
|--------------|----------------|---|--------------------|
| <u>MGRM</u>  | Stephanie Diaz | 4461 SW 24th Ave Fort Lauderdale, FL 33312  | <b>X</b> 0Add      |
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| ffective date, if other than the date of filing:  | (optional)   |
| an 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 | g or more than 90 days after filing.) Pursuant to $605.0207$<br>$\epsilon$ filing requirements, this date will not be listed as  |
| ocument's effective date on the Department of State's records.  |  |
|   |  |
| record specifies a delayed effective date, but not an effective time, at 12:01 at is filed.   | a.m. on the earlier of: (b) The 90th day after the   |
| ated November 14 . 2022   |  |
| _   |  |
| Nollian Oscole  |  |
| Signature of a member or authorized represent   | stative of a member  |