## L22 000 395 834

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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2022 SEP 23 PH 2: 3
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration So Division of Con					
SUBJECT: UNICA E	NTERPRISES LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	-			
	Claudia Carrillo				
		Name of Person		_	
	Unica Enterprises LLC				
		Firm/Company		-	
	2458 Centergate Dr Apt 10	01		10 2	
		Address	•	2022 SEP 23 SECRETAR TALLAHA	医生物毒素
	Miramar, FL 33025			FATA	-
		City/State and Zip Code		ماست ورخ	144
	claudia@elaudiacarrillo.co	to be used for future annual report notifical	tion)	PH 2	
For further information of	concerning this matter, please c			2: 38 STATE E. FI	
Victor Marin		at ( 786) 8578605			
Name o	of Person		elephone Numbe	r	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
<u>Mailing Addre</u> Registration Division of C	Section	<u>Street Address:</u> Registration Section Division of Corpo			
P.O. Box 632		The Centre of Tall			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNICA ENTERPRISES LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records. ed Liability Company)	)
he Articles of Organization for this Limited Liability Compa	ny were filed on <u>09/09/2022</u>	and assigned
lorida document number L22000395834		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited b	ability company here:	
		200 S F
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the by eviation "L.L.C."
nter new principal offices address, if applicable:		SEP 2
Principal office address MUST BE A STREET ADDRESS)		□ 表表 ω : = = = = = = = = = = = = = = = = = =
		SO P III
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nter new mailing address, if applicable:	=	38 38
Mailing address MAY BE A POST OFFICE BOX)		
		-
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter t</u> l	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flor	rida
	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 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	Alberto Posso	2458 Centergate Dr Apt 101 Miramar, FL 33025	🗆 Add
		<del></del>	Remove
			□Change
AMBR	Edgar Alfonso Ortiz Bustamante	2458 Centergate Dr Apt 101 Miramar, FL 33025	🗏 Add
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Signature of a member of authorized representative of a member	ted September 16 . 2022			
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