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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	)
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OF CORPORATIONS

## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corp	oorations								
SUBJECT:	UNX Enterp	orise					7			•
SUBJECT.			Name of Lin	nited Liabil	ity Compan	y				
The enclosed	l Articles of A	Amendment and	fee(s) are sub	omitted for	filing.					
Please return	all correspor	ndence concernir	g this matter	to the foll	lowing:					
		Brandon Sin	gleton							
			1	Nai	ne of Perso	n				
		UNX Enterp	l rise		_					
				Fir	m/Company	y				
		6970 sw 40t	h street apt	220						
					Address					
		Miami, Florid	a 33155							
		<del></del>	İ	City/Sta	te and Zip (	Code		•		
		bsingle999@	T							
		E-	mail address: (	(to be used	for future ar	nnual r	eport not	ification)		
For further in	iformation co	ncerning this ma	tter, please c	all:						
Brandon Si				at	904	338	6453			
	Name of	Person			Area Code		Daytin	ne Teleph	one Number	
Enclosed is a	check for the	e following amou	int:							
■ \$25.00 F	Filing Fee	S30.00 Filii Certificate		Ce	i.00 Filing rtified Cop ditional copy	рy			Certified C	of Status &
Reg Div P.C	iling Address gistration S vision of Co D. Box 6327 lahassee, F	ection orporations			Reg Div The 241	gistra vision 2 Cen .5 N.	tre of ' Monro	rporatio Tallaha:	ssee t, Suite 810	)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Olax Fureibuse FFC	<u> </u>		_
(Name of the	ie Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	_
The Articles of Organization for this Lin Florida document number L2200041169		9/16/2022 and	assigned
This amendment is submitted to amend t			
A. If amending name, enter the new p	ame of the limited liability company h	ere:	
UNX Enterprises LLC			
The new name must be distinguishable and con a	in the words "Limited Liability Company," the	designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if	applicable:		
(Principal office address MUST BE A S			
Enter new mailing address, if applicab	ole:		
(Mailing address MAY BE A POST OF			
B. If amending the registered agent ar agent and/or the new registered office		ecords, enter the name of the	new registered
Name of New Registered Agen	<u></u>		<del></del>
New Registered Office Address	<u> </u>		
	Enter Flo	rida street address	
		, Florida	<u>-</u>
	City	Zip Cod	de
New Registered Agent's Signature, if char	nging Registered Agent:		
I hereby accept the appointment as reg provisions of all statutes relative to the accept the obligations of my position a being filed to merely reflect a change i company has been notified in writing of	e proper and complete performance of is registered agent as provided for in in the registered office address. I here	I my duties, and I am familiar ( Chapter 605, F.S. Or, if this de	with and ocument is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) au	thorized to manage,	enter the title,	name, and	address of each	person l	<u>being added</u>
or removed from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 ·	□ Add
			□Remove
			🗆 Add
			□Remove
			□Change
		 	□ Add
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		on, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the defective date is listed, the date must be If the date inserted in this blochent's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), ik does not meet the applicable statutory filing requirements, this date will not be listed as the
he recor ord is fi		date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 6th	2022
	Dut S	Sphature of a member or authorized representative of a member
	Brandon Singleton	
	Drandon Singleton	Typed or printed name of signee