Division of Corporations 1/17/23, 1 11 PM

> lease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H23000019025 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO Account Number : 120220000131 Phone : (305)610-2704 Fax Number : (305)647-6040

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### UNIQ-DGTL LLC

Certificate of Status	0
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Page Count	06
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#### **COVER LETTER**

Registration Section Division of Corporations

TO:

(((H23000019025 3)))

UNIQ-DGT SUBJECT:	`L LLC		
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please return all correspo	ndence concerning this matter	to the following:	
	VITALII PELYPKANYCI	1	
		Name of Person	
	UNIQ-DGTL LLC		
	<u> </u>	FirmyCompany	
	800 SE 4TH AVE 711		
	- 14 14	Address	
	HALLANDALE BEACH,	FL 33009	
		City/State and Zip Code	· <del></del>
	info@miaccounting.us	<u></u>	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
VITALII PELYPKANY	СН	305 610-2704	
Name of Person		Area Code Daytimo	Telephone Number
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

# ARTICLES OF AMENDMENT TO

 $((({\rm H23000019025\,3})))$ 

# ARTICLES OF ORGANIZATION OF

UNIQ-DGTL LLC

	(A Florida Limited Liability Company)			1	1
The Articles of Organization for this Limited I	lability Company were filed on $\frac{0}{2}$			ind assig	med
Florida document number 1,23000015416	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company b	<u>nere</u> :			
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or th	ie abbrevia	tion "L.L	.c."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE)	ET ADDRESS)	·····			<del></del>
				<u> </u>	
Enter new mailing address, if applicable:			<del></del>		
(Mailing address MAY BE A POST OFFICE	<u> </u>				<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addre		records, <u>enter the j</u>	ume of t	he new	registero
Name of New Registered Agent:	VERONIKA GOLOVANOVA				
New Registered Office Address:	800 SE 4TH AVE STE 711		<b>5</b>	20	
New Registered Office Address.	Enter Fl	orido strees address	•	_ <u>25</u> _	
	HALLANDALE BEACH	, Florida	33009	> <del>-</del>	
	City		Zi	p C <del>odn</del> ~-J	<u>-</u>
New Registered Agent's Signature, if changing	Registered Agent:		-	75	
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg heing filed to merely reflect a change in the company has been notified in writing of this	per and complete performance o gistered agent as provided for in pregistered office address, I hero	of my duties, and Li Chapter 605, F.S.	um famil Or∓if thi	iar <b>s</b> pith is d <b>ae</b> ur	and nent is
	If Changing Registered A	Renoble	. Rogister	wi Agent	

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## 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 = N AMBR = A	lanager authorized Member		(((123000019022-3])
Title	Name	Address	Type of Action
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	·		□Remove
			Change
			□Remove
			Change
			CRemove
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		<del></del>	TReinove
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, <u></u>									e- 11 <del>e1</del>
if an effective date Note: If the dat	if other than the is listed, the date the inserted in this ective date on the	nust be specific a block does not	nd cannot be p meet the ap	prior to date o plicable sta	of filing or me	ore than 90 da	(optiona eys after fili nts, this da	ng.) Pursuant to	5 605,0207 ( Histed as th
e record specific rd is filed.	es a delayed effec	nve date, but n	ot an effectiv	ve time, at	12: <b>0</b> 1 a.m. c	on the earlie	r of: (b)	The 90th day	after the
Dated 17 DEC	EMBER	arten admits the tendence of the State of State	2023	/	<i>,</i>				
		Signature of		- HEL	caff				
		Signature of	a member or i	authorized re	presontative	of a member			-
\rm	ALII PELYPKA	NYCH							

(((H23000019025 3)))