L23000169024

(Rec	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	, #)
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(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			·	
CT 148 142 7220	OSA INVESTMENT LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	VENTURA PINTO			
		Name of Person		
	PINTO SOSA INVESTMI	ENT LLC		
	Firm/Company			
	13427 FAIRWAY GLEN	13427 FAIRWAY GLEN DRIVE APT#102		
	Address			
	ORLANDO, FL 32824			
		City/State and Zip Code		
	VENTURAPINTO L@GM		 	
For further information	concerning this matter, please co	to be used for future annual report notifull:	(cation)	
VENTURA PINTO		321 295-2955 at ()		
Name	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	the following amount:		,	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 2015 Secti	
Mailing Addre		Street Address:		
Registration Division of O		Registration Sec Division of Cor		
P.O. Box 633	•	The Centre of T	•	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINTO SOSA INVESTMENTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 4/05/2023	and assigned
Florida document number 123000169024		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
UNIQUIBUILD DEVELOPMENT LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2023 SE TAL
Principal office address MUST BE A STREET ADDRESS)	13417 FAIRWAY GLEN DRIV	EAPTING 8 TI
	ORLANDO, FL 32824	25 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u>ک</u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flan	da.
	Flor	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
	 		□Add
			□Remove
			□ Change
	·		□Add
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<u>ote:</u> lf	e date, if other than the date of filing:
ecord : is filec	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	9/07/23
	X - L - L - T - T - T - T - T - T - T - T
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00