5/18/23, 8:30 AM

Division of Corporations

## Florida Department of State

Note: Please 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.

(((H23000184121 3)))



H230001#41213ABCW

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email	Address:		
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIQUE COSTUM WALLS LLC

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• To: 18506176383 From: 12147128131 Date: 05/18/23 Time: 8:19 PM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H23000184121 3)))

UNIQUE COSTUM WALLS LLC		
(Name of the Limited Lini (A Flor	bility Company as it now appears on our records.) rida Limited Limbility Company)	·
The Articles of Organization for this Limited Liability	y Company were filed on 05/04/2023	and assigned
Florida document number L23000222282	<del>.</del>	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
UNIQUE CUSTOM WALLS LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abb	revistion "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		of the new registere
Name of New Registered Agent:		· ##
		<u> </u>
New Registered Office Address:	Enter Florida street address	-: ح
		<u> </u>
<del>-</del>	, Florida	Zip Code
	Cuv	zą cau

## 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 Changing Registered Agent, Signature of New Registered Agent

·To: 18506176383 From: 12147128131 Date: 05/18/23 Time: 8:19 PM Page: 03/04

(((H23000184121 3))) 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>	Name	Address	Type of Action
AMBR	HASANEY PETIT FRERE	2208 Jungle Drive, Ruskin, FL, 33570	<b>=</b> Add
			□Remove
			🗆 Change
			□Remove
			□ Change
			🖸 Add
		<del></del>	□Remove
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. TO: 1850617	16383 From.	12147128131	Date	OF /10 /22	mima.	0.10 6	W D	04/04
* TOP (SOUPL)	0303 FIOM:	1214/128131	Date:	05/18/23	l'ime:	8:19 P	'M Paσe:	-04/04

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). If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if neo	cessary.)
<del></del>		<del></del> -
		<del></del>
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ne date of filing:	onal) I filing 1 Pursuant to 605 0207 (3)( Is date will not be listed as the
the record specifies a delayed effecti ford is filed.	tive date, but not an effective time, at 12.01 a.m. on the earlier of. (b	o) The 90th day after the
Dated May 15th	. 2023	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Ralph Petit Frere		
	Typed or printed name of signee	

Filing Fee: \$25.00 (((H23000184121 3)))