L23000362483

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300411493343

2023 AUG 07 AH 10: 46

1

COVER LETTER

TO: Registration So Division of Cor			
	SERVICES GROUP LL		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	·	
	CLAUDIA GIRALDELLI	LIMA	
		Name of Person	
	CLAUDIA LIMA TAX &	ACCOUNTING LLC	
		Firm/Company	
	2546 AULD SCOT BLVD		
		Address	
	OCOEE, FL 34761		
	_	City/State and Zip Code	
	INFO@CLAUDIALIMATA	AX.COM to be used for future annual report r	estification)
		·	onneadon)
	concerning this matter, please co	att:	
CLAUDIA LIMA		407 552-7903 at ()	
Name c	of Person	Area Code Day	ime 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration Division of C	Section	Street Address: Registration S Division of C	Section
P.O. Box 632		The Centre o	•

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG0744 10: 49

UNIQUE SERVICES GROUP LL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor	mpany were filed	d on 08/02/2023	and assigned
Florida document number L23000362483			
This amendment is submitted to amend the following:	-		
A. If amending name, enter the new name of the limite	ed liability comp	pany here:	
UNIQUE SERVICES GROUP LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Compan	ry," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
			,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			, <u></u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:		n our records, <u>enter</u>	
New Registered Office Address:	· ·	Enter Florida street addres	
	r.	nier r ioriaa street aaares	5.5
	City	, Fl	orida Zip Code
New Registered Agent's Signature, if changing Registered 2	•		za com
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act i mplete performa ant as provided j	ance of my duties, at for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	If Changing Regis	tered Agent, Signature (of New Registered Agent

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
			□Ađd
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
		- <u></u>	Change
			□Add
			□Remove
			□Change
			□Add
			□Change

D. If amending any other informati	on, enter change(s) here	: (Attach additional sheets,	if necessary.)
			
	-		
			· · · · · · · · · · · · · · · · · · ·
 -			
			
			
			
			
-			
E. Effective date, if other than the date (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep	ck does not meet the applica	able statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 (3)(b its, this date will not be listed as the
If the record specifies a delayed effective record is filed.	date, but not an effective tir	me, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated AUGUST 7TH		·	
	Claudia L	ima	
S		rized representative of a member	
CLAUDIA GIRALDELI	JILIMA		
	Typed or printe	ed name of signee	

Filing Fee: \$25.00