L23000367212

(Requestor's Name)
(Address)
,
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(City/State/Zip/Phone #)
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Date: 08/24/2023

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: REAL UNICORNS LLC - File Number: L23000367212

To Whom It May Concern:

Attached please find the executed Certificate of Amendment the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc. Attention: Nicholas Bialota 336 E. College Ave. Suite 301 Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at {fulfillment@zenbusiness.com or compliance@zenbusiness.com}.

Thank you,

Nicholas Bialota ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2023 SEP -5 AH 6: 53

REAL	, UNI	CORNS	LLC
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(<u>Name of the Limited Lia</u> (A Flor	bility Company as it now appears on our records. rida Limited Liability Company)	HASSEE FLORID
The Articles of Organization for this Limited Liability Florida document number 1.23000367212		and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company." the designation "LLC"	or the abbreviation "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 registe agent and/or the new registered office address her		ne name of the new regist
Name of New Registered Agent:		A
New Registered Office Address:	Enter Florida street address	
	C1	ido.
	, Flor , City	rida 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>	<u>Address</u>	Type of Action
AMBR	Taylor Swink Swink	848 Euclid Avenue #4 Miami Beach, FL 33139	□Add
			Remove
			□Change
AMBR	Taylor Swink	848 Euclid Avenue #4 Miami Beach, F1, 33139	= Add
			□Remove
			□Change
			□ Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date must be listed. If the date inserted in this blocument's effective date on the D	lock does not meet the	applicable statute	(o) ling or more than 90 days a ory filing requirements.	ptional) ther filing.) Pursuant to 60 this date will not be lis)5.0207 sted as
e record specifies a delayed effectived is filed.	e date, but not an effe	ctive time, at 12:0) a.m. on the earlier of	: (b) The 90th day aft	er the
Dated August 24th	, 2023	•			
/s/ Taylor Swink					
/s/ Taylor Swink	Signature of a member of	or authorized repres	sentative of a member		