## L23000436634

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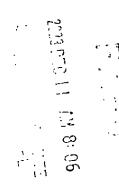
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## **COVER LETTER**

Division of Co	rporations				
THE UNIC	TORN MIND LLC				
SOBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	NAEMAR BELTRAN				
ASSERTIF ACCOUNTING SERVICES LLC					
Firm/Company					
Address					
	KEY BISCAYNE, FL 33149				
	·	City/State and Zip Code			
	NBELTRAN@ASSERTIF.				
		to be used for future annual report notifi-	cation)		
For further information of	concerning this matter, please ca	all:			
NAEMAR BELTRAN		305 5880535 at ()_			
Name e	of Person		Telephone Number		* 3
Enclosed is a check for t	he following amount:				: 1
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$ Certified Copy tadditional copy is	tatus & 177 8	( )

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE UNICORN MIND LLC				
(Name of the Limit	ed Liability Compar (A Florida Limited L	iy as it now apt iability Compan	oears on our records.) y)	
The Articles of Organization for this Limited Li Florida document number L23000436634	ability Company v	were filed on	SEPTEMBER 19, 2023	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company	here:	
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," tl	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	N/A		<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or r	egistered office a	N/A  ddress on ou	r records, enter the na	ame of the new registered
agent and/or the new registered office addres	<u>s here</u> :			_
Name of New Registered Agent:				2023
New Registered Office Address:	328 CRANDON	BVLD UNIT	212	
		Enter .	Florida street address	
	KEY BISCAYN	E	, Florida :	33149
New Registered Agent's Signature, if changing I	Registered Agent:	Cuy		Zip Code C
I hereby accept the appointment as registere provisions of all statutes relative to the propercept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as p registered office (	performance rovided for i	of my duties, and 1 ar In Chapter 605, F.S. C	agree to comply with the n familiar with and Or, if this document is

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
MGR	MARIA C NELSON	CALLE PASO DE PALMAS REALES, EDIF LOFT	<b>≣</b> Add
		PALMA REAL, EL HATILLO, MR, VE 1083	□Remove
			□Change
			□Add
			🗆 Remove
			□Change
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ffective date, if other than the date	12/04/20	)23		-11-2	
an effective date is listed, the date must be s	pecific and cannot be p	rior to date of filing or	(optional) more than 90 days after filing	r.) Persuant to 605.0	71 207 (3)(t
ote: If the date inserted in this block document's effective date on the Departs	loes not meet the app ment of State's recor	olicable statutory tili rds,	ng requirements, this date	: will not be listed	as the
record specifies a delayed effective data is filed.	e. but not an effectiv	e time, at 12:01 a.m	, on the earlier of: (b) TF	ne 90th day after t	he
DICEMBER 04	. 2023				
	22.00	) .			
//					
Signo	autre of a member or a	athorized representativ	e of a member		

Filing Fee: \$25.00