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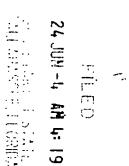
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	istration Se ision of Cor			
CHD IPZT.	United US			,
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Anicles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		FRANK MEKISKA		
			Name of Person	
		UNITEC NORTH AMERI	ICA LLC	
			Firm-Company	
		439 15TH STREET, #8		
			Address	
		MIAMI BEACH, FL 3313	9	
			City/State and Zip Code	
		fmckiska@gmail.com	to be used for future annual report ne	stituation :
For further it	iformation c	oncerning this matter, please ca		ancanon)
		vicesiming this matter, preuse et	786 304-0090	
FRANK MI			at (77 1 N 1
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		<u>Street Address:</u> Registration S	ection
	_	Section Corporations	Division of Co	
). Box 632		The Centre of	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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New Registered Agent's Signature, it 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

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	MARION OTT MEKISKA	439 15TH STREET	□Add
		UNIT 8	≣Remove
		MIAMI BEACH, FL 33139	
			⊡Add
			Remove
			□Change
			□Remove
			☐ Change
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			ElChanas

Page 2 of 3

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-	
(If an effective date is list Note: If the date insc	ther than the date of filing:
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the fective is filed.
Dated28TH MAY	2024
	Signature of a member or authorized representative of a member
FRANK I	MEKISKA Typed or printed name of signee