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Special Instructions to Filing Officer:

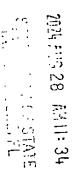




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8/30/24



COVER LETTER

TO: Registration S Division of Co		
Unique Ca SUBJECT:	re Support Services LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	Camika Jerido	
		Name of Person
	Unique Care Support Serv	ices LLC
		Firm/Company
	3218 Lenox Avenue Suite	В
		Address
	Jacksonville, FL 32254	
		City/State and Zip Code
	ucss.care@gmail.com	
For Cook of the Comment of		to be used for future annual report notification)
For further information	concerning this matter, please c	au:
Camika Jerido		904 566-9238 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copyers (additional copy is enclosed) Certified Copyers (additional copy is enclosed)
Mailing Addre Registration		Street Address:
Division of 0		Registration Section Division of Corporations The Centre of Tallahassee
P.O. Box 6327		The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unique Care Support Services LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000210814</u> .	y were filed on May 6, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, enter t	the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u></u>
	·	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	·
I hereby accept the appointment as registered agent and ag- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	d I am familiar with and F.S. 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
	Camika Jerido	3218 Lenox Avenue Suite B, Jacksonville, FL 32254	= Add
			□Remove
			□Change
			□Add
			🖸 Remove
			Change
			DAdd
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
<u></u> _			□Add
			Remove Change Addi Remove
			☐ Change

2-10	enox Avenue Suite B, Jacksonville FL 32254. The contact number is 904-566-9238	3 and email is
ucss.c	re@gmail.com. Thank you.	
		·
		
		
an effective <u>ote:</u> If the	te, if other than the date of filing: [Alteris listed, the date must be specific and cannot be prior to date of filing or more than 90 days date inserted in this block does not meet the applicable statutory filing requirements effective date on the Department of State's records.	optional) after filing.) Pursuant to 605,0207 s, this date will not be listed as
ecord species filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o	
		2074 Y.U.S
ited		

Filing Fee: \$25.00