L25000327869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: I20210000160: $125.00
Authorization Signature
Unieque Consulting LLC L25000327169
Business Name #Document

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____ Profit
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_X__ LLC
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_ __ INC
___ CORP
___ PLLC

AMENDMENTS

_____Amendment
____Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
_ _ Conversion
__ __Statement of Authority
____ Merger
___REVOCATION OF DISSOLUTION

OTHER FILINGS

____TRANSMITTAL LETTER

____Fictitious Name

____ Statement of Authority

APOSTIL _____ **COUNTRY**
____Other

REGISTRATION/QUALIFICATIONS

__ Foreign Filing
____ Partnership
___ Reinstated Articles of Organization
____ Statement of CORRECTION

____Domestication of a Foreign Corp_
_____

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____Domestication of a Foreign Corp_
_____

COVER LETTER

...n Section
...of Corporations

...T: Unieque consulting LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

EFRAIM barel · Yona
Name of Person

Unique
~~Uniqe~~ consulting LLC
Firm/Company

1215 crystal way APT K
Address

Delray Beach / Florida 33444
City, State and Zip Code

barYona91@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EFraim barel Yona at (818) 4624981
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

$55.00 Filing Fee & Certified Copy
(additional copy is enclosed)

$60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

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

FILED
2025 AUG 20 AM 11:13

Unieque Consulting LLC
(Name of the Limited Liability Company as it now appears on our records)
(Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/16/2025 and assigned Florida document number L25000327169

The amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Unique Consulting LLC

The new name must be distinguishable and contain the words "Limited 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 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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address

(Enter new street address)

, Florida

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 Florida* ***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

Title	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/20/2025 . _____ .

_____

Signature of a member or authorized representative of a member

Efraim-barel-yona

Typed or printed name of signee