

L25000 3271069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

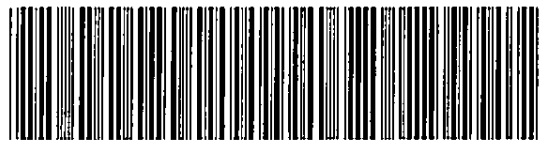
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 21 2025

Office Use Only



300454998673

FILED
2025 AUG 20 2:11:18
RECEIVED
2025 AUG 20 PM 3:11
SOUTHERN DISTRICT OF CALIFORNIA

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 *Janet*
Unieque Consulting LLC L25000327169
Business Name #Document

Walk in _____ Will wait

___ Certified Copy of the filing

___ Certificate of Status:

NEW FILINGS

___ Profit
___ Not for Profit
X LLC
___ Domestication
___ 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 _____
___ Other

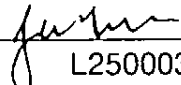
COUNTRY

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstated Articles of Organization
___ Statement of CORRECTION
___ Domestication of a Foreign Corp_

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COVER LETTER

Section
of Corporations

At 1:

Unieque consulting LLC
Name of Filing Entity/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

uniqu
uniqu consulting LLC
Firm/Company

1215 crystal way APT. K
Address

Delray/Florida 33444
City, State and Zip Code

bakYona91@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

EFRAIM barel Yona
Name of Person

at 818.462.4981
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 310
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2025 AUG 20 5:11:13

Unieque Consulting LLC

Name of the Limited Liability Company as it now appears on our records
of Florida Limited Liability Companies

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

This 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. On 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

[illegible]

[illegible]

(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)

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

Signature

Efrain-barcl-yona

Typed or printed name of signee