

MI6000005911

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

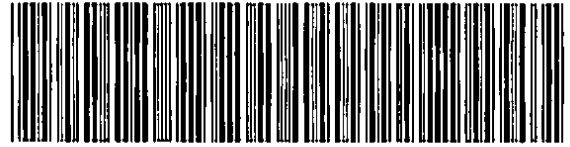
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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21 AUG 19 PM 3:04



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

20 11 13 11 03:03

August 27, 2021

JAIRO VARGAS  
6355 NW 36 ST STE 507  
MIAMI, FL 33166

SUBJECT: UNIKA INTERNATIONAL INVESTMENTS LLC  
Ref. Number: M1600005911

We have received your document for UNIKA INTERNATIONAL INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 121A00020531

\* THIRD MAIL

11-12-21

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UNIKA INTERNATIONAL INVESTMENTS LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIRO VARGAS

Name of Person

UNIKA INTERNATIONAL INVESTMENTS LLC

Firm/Company

6355 NW 36 ST SUITE 507

Address

MIAMI, FL. 33166

City/State and Zip Code

jvargas1@gate.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jairo Vargas

at ( 305 ) 4282020

Name of Person

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- \$25 Filing Fee     \$30 Filing Fee & Certificate of Status     \$55 Filing Fee & Certified Copy     \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

21 FEB 2016 3:04

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: UNIKA INTERNATIONAL INVESTMENTS LLC

Enter new principal office 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)***

2. The Florida document number of this limited liability company is: M16000005911

3. Jurisdiction of its organization: Miami-Dade

4. Date authorized to do business in Florida: 07/22/2016

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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 Florida Street Address*

\_\_\_\_\_, **Florida**

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Zip Code*

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 limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

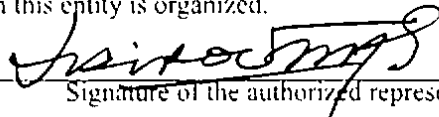
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GERARDO RAMIREZ	6355 NW 36 ST SUITE 507	<input checked="" type="checkbox"/> Add
_____	_____	_____	_____
_____	_____	MIAMI, FL. 33166	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

JAIRO VARGAS

Typed or printed name of signee

Filing Fee: \$25.00