

10/30/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CS FUNDING SERVICES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Requesting the original
filing date of 10/30/2020.
Thank you!

RECEIVED

2020 NOV -9 PM 1:32

Electronic Filing Menu

Corporate Filing Menu

Y SHIRK
NOV 10 2020

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 OCT 30 PM 12:06

FILED

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: CS FUNDING SERVICES LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

351 PLANDOME ROAD, 2ND FLOOR

MANHASSET, NY 11030

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

8 CORBETT COURTEAST

QUOGUE, NY 11942

2. The Florida document number of this limited liability company is: M19000001366

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 2/7/2019

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

5. New name of the limited liability company: UNICORN WEALTH MANAGEMENT CAPITAL FUND LLC
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 OCT 30 PM 1:17

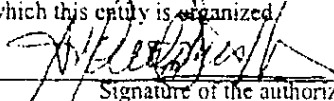
FILED

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

ALFREDO A. DIAZ

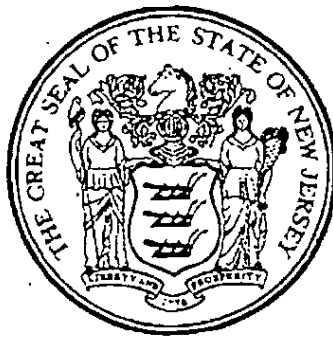
Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
CERTIFICATE OF NAME CHANGE

UNICORN WEALTH MANAGEMENT CAPITAL FUND LLC

I, the Treasurer of the State of New Jersey, do hereby certify,
that on October 19, 2020, a name change certificate
was duly filed in this office, changing the business name from
CS FUNDING SERVICES, LLC
to:
UNICORN WEALTH MANAGEMENT CAPITAL, LLC



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
6th day of November, 2020

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 142524877

Verify this certificate online at

<https://www.njportal.com/DOR/businessrecords/Validate.aspx>