## LD9000083129

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**EXAMINER** 



600209361536



06/28/11--01018--009 \*\*25.00

SEGRETARY OF STATE BALLAHASSEE, FLORID

## **COVER LETTER**

SUBJECT: Unique Land Scaping LLC		
Name of Limited Liability Company		
•		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Amana Jimenez Name of Person		
Unique Landscaping LLC		
20300 S.W. 320th St		
Homestead & 33030  Gity/State and Zip Code		
alimeneza Unique - landscaping, net		
For further information concerning this matter, please call:  AMAMANA Jimeher  at (205) 242-7210 (Home)  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$} \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$} \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$}		

**MAILING ADDRESS:** 

TO:

**Registration Section Division of Corporations** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Unique hands	caping LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appéars on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L090083</u> [20	were filed on 69 30 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	20300 S.W. 320 th Street
(Principal office address MUST BE A STREET ADDRESS)	Homestead, FL 33030
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	20300 S.W. 320th street Homestead, K. 33030
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
A. co.	man Timanaz
Name of New Registered Agent:	nuna Jimeneza
New Registered Office Address: 2030	D Sw. 320m Spract
Home	Enter Florida street address:
New Registered Agent's Signature, if changing Registered Agent:	City Tap Carle Colle
I hereby accept the appointment as registered agent and agrethe provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.    Change 1	lete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is address, I wereby confirm that the limited liability graphegistered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** ☐ Remove Add Remove  $\prod Add$ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated na Jimenez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00