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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

UNIMAT INDUSTRIES 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:

MASARU CEJA

Name of Person

Firm/Company

6980 NW 43 ST

Address

MIAMI, FL 33166

City/State and Zip Code

mceja@unimatcorporation.com

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

For further information concerning this matter, please call:

MASARU CEJA

,,305**,716-0358**

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)

THE PROPERTY OF THE PARTY OF TH

MAILING ADDRESS: 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**

UNIMAT INDUSTRIES LLC

ARTIC	LES OF AMENDMENT	·
	ТО	· · · · · · · · · · · · · · · · · · ·
ARTICL	ES OF ORGANIZATION	San Taran
	OF	See The Contract of the Contra
	OI ^a	
UNIMAT INDUSTRIES LLC		The state of the s
	with Comments	
(A Flor	pility Company as it now appears on ou rida Limited Liability Company)	r records.)
		S.F.
The Articles of Organization for this Limited Liabili	ity Company were filed on $03/26/20$	10 and assigned
Florida document number L10000033225		, ,
1 Torida document number	•	•
This amendment is submitted to amend the following	rg:	
4 T6 11	N	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or r	registered office address on our rea	cards enter the name of the new
registered agent and/or the new registered office		tords, the hame of the new
N. C. C. D. L. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 608, 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



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>	Name	Address	Type of Action
MGRM	MASARU CEJA	6980 NW 43 ST	
		MIAMI, FL ,33166	Remove
			Remove
			Add
			Remove
			Add
		****	Remove
			Add
			Remove
		-	Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	MAN P 20	13		
Da	Dated MAY, 8 , 20	13		
	Signature of a mental	r of authorized representative of a member		
	MASARU CEJA			
	Турс	d or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00