

L 00000010772 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

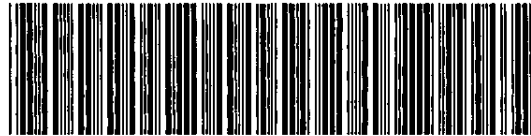
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 17 2013  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Unico Interior 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:

Teresa A Oquendo

Name of Person

Unico Interior LLC

Firm/Company

12114 SW 117 CT

Address

Miami, FL 33186

City/State and Zip Code

mununico@bellsouth.net

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

For further information concerning this matter, please call:

Teresa A Oquendo

Name of Person

at ( 305 ) 805-8885

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/COURIER ADDRESS:

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

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Unico Interior LLC

Page 1 of 3

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

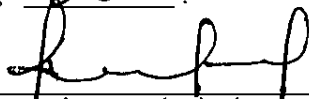
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Olga Lucia Oggioni	888 S DOUGLAS RD APT 1110	<input type="checkbox"/> Add
		CORAL GABLES FL 3313-4	<input checked="" type="checkbox"/> Remove
MGR	Teresa A Oquendo	12114 SW 117 CT	<input checked="" type="checkbox"/> Add
		Miami, Fl 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Add  
Remove  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated January 15, 2013



Signature of a member or authorized representative of a member

Teresa A Oquendo

Typed or printed name of signee

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Filing Fee: \$25.00

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