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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, FI 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

<sub>305</sub>,805-8885

Area Code & Davtime 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unico Interior LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record Liability Company)	·ds.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L0000010772</u> .	nny were filed on 09/07/2000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the design	nation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		3 JAN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N 16 PM 12: 48
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	77	
	Enter Florida st	reet address
	, Flo	
	Citv	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Address Type of Action **Name** Olga Lucia Oggioni 888 S DOUGLAS RD APT 1110 MGR CORAL GABLES FL 3313-4 12114 SW 117 CT Teresa A Oquendo MGR Miami, FI 33186 Remove Remove Remove <u>Rem</u>ove Add Remove

ch additional sheets, if necessary.)
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presentative of a member
(

Page 3 of 3

Filing Fee: \$25.00

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