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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6393

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Account Name : FASTKIT CORP Account Number : 120100000009 : (305)599-0939

Fax Number

: (305)592-9591

**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 UNICO INTERIOR LLC

Certificate of Status Û Certified Copy 03 Page Count \$25.00 Estimated Charge

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNICO INTERIOR LL	. C.	
(Name of the Limited Linbility Company as (A Florida Limited Liabili	it now uppears on our records, ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L00000010772	e filed on $\frac{7}{7}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	omorny " the designation "LLC"	or the abhomission "I 1" "
The dev limit in the desired states and communities works. Condition Embrary Co	Mightist die designation EEC.	in the approximation page.
Enter new principal offices address, if applicable:		<u>**</u>
(Principal office address MUST BE A STREET ADDRESS)		
		÷ +=
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		, <u>o</u>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the pe
Harrie of Incw Religionary Agent.		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
C	Zity -	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Nicolar Echeverri	10275 Colliss AVR, ApT 1003	_X Add
		10275 Colliss AVR, ApT 1003 Bal Harbour FL 33154	□ Remove
			Change
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			Remove
			C Change
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he recor The 90	d specifies a dela Oth day after the	iyed effective d record is filed.	late, bu	it not an	effective th	me, at 12:0	l a.m. on	the earli	er of:
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Dated	_ 40/4								
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