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(Address)	
(Address)	
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. (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Document Number)	
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JUN 1 0 2008	

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EXAMINER



300130917043

06/09/08--01013--013 **50.00

SECRETARY OF STATE

COVER LETTER

TQ: Registration Section Division of Corporations						
SUBJECT: Unicorn Bay, 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:						
<u>Barbara P. Siwaitz</u>						
Goldstein, Port + gross						
2500 N. Military Trail #260 (Address)						
Boca Ration FC 33431 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Barbarg F. Shwartz at (S61) 953-1050 (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

FILED

2008 JUN - 9 PM 3: 45

4 hhC	SECRETARY OF STATE JALLAHASSEE, FLORIDA	
Mas it now appears on our reconstability Company)	ords.)	
were filed on <u>5/10/0</u>	4 and assigned	
ility company here:		
ted Liability Company," the desig	nation "LLC" or the abbreviation	
ice address on our records,	enter the name of the new	
(Enter Florida street address)		
(City) , Flo	rida (Zip Code)	
i	were filed on	

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, <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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Jane Giddings	4050 NE 27 Terrace Lighthouse Point, FL 33064	Add Remove
	_ ·		
,	<u> </u>		Add Remove
			Add Remove
			Add Remove
•	<u> </u>		Add Remove
D. If an	this leaves	Martin Giddings Member	sary.)
			2000 SE TAL
Dated	June 3 Jaco 8, Signature of a men	mer or authorized representative of a member	FILED 8 JUN -9 PH 3: 45 COE JARY OF STATE LAHASSEE, FLORID
	Marvin Giddings	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00