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EXAMINER

COVER LETTER

	ration Secon of Corp		•		
SUBJECT:		Unity	Sales, LLC		
	-		ted Liability Company		-
• :					
The enclosed A	rticles of A	Amendment and fec(s) are sub	mitted for filing.		
Please return all	l correspoi	ndence concerning this matter	to the following:		
ŧ			Teddy K. Qassis		
			Name of Person		
* 4 **			Unity Sales, LLC		
			Firm/Company	t	·
		. 180	3 White Heron Bay C	ir.	
•		11/11/11	Address	•	
• .			Orlando, FL 32824		المنسا
· ·			City/State and Zip Code		
En Australia (n. fa		E-mail address: (oncerning this matter, please o	to be used for future annual repo	ort notification)	ARY SSE
,	,	oncerning this matter, piease c	au.	4	
		ddy Qassis	at (313)	399-6184 Daytime Telephone Numb	
•	Name of	Person	Area Code &	Daytime Telephone Numb	Bull O
	-			·	
		e following amount:	•		
\$25.00 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	Certifi (Certifi	Filing Fee, cate of Status & led Copy
			• •	(additi	onal copy is enclosed)
. 2	· · ·				
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	Registratiör Division of Clifton Bui	Corporations ! ding tive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Unity Sales, LL0	<u> </u>		
(<u>Name of the Limite</u> (d <mark>Liability Company as it no</mark> A Florida Limited Liability Co	<u>w appears</u> ompany)	on our records.)	
The Articles of Organization for this Limited I	Liability Company were file	d on	02/03/06	and assigned
Florida document numberL0600001	2094			
This amendment is submitted to amend the fol	lowing:	•		
A. If amending name, <u>enter the new name o</u>	of the limited liability com	pany here:	:	
<u>.</u>		•		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liabili	ty Company	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			- Trize
				Fig. 5
<u>-</u>				E S
Enter new mailing address, if applicable:		,		SSA 6
(Mailing address MAY BE A POST OFFICE	BOX)			
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	S & D
*	•			層 20
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office addi office address here:	ess on ou	ir records, enter T	he name of the nev
Name of New Registered Agent:	Teddy K. Qassis			
New Registered Office Address:	1803 White Heron B			
		Ente	r Florida street add	ress
d:	Orlande	<u>, </u>	, Florida	32824
	City		į i	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
• ·	;		Control of the Contro	

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

Title .	<u>Name</u>	A.	ddress				Type of Actio
Title .	Name	<u>A</u>		•	•		Type of recess
MGRM	Kimberley A. Qassis	11	803 White He	eron Bay C	ircle		Add
		0	rlando, EL_3	2824	•		✓ Remove
•		_		1			
MGRM_	Teddy K. Qassis		803 White He	eron Bay C	ircle		✓ Add □ Remove
,			rlando, FL_3	Z8Z4			- Kemove
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D. If amend	ling any other information, ente	r change(s) h	ere: (Attach ad	ditional shee	ls, if nece	ssary.)	
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		neuma	ey A. Qassis	·			

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